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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Rural Health Clinics (RHCs)

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Disclaimer

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Pre-Test

http://tinyurl.com/y29dj83f

Take a Minute Before We Begin….

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Palmetto GBA RHC Providers

- Jurisdiction J MAC
  - **1,039 Rural Health Clinics (RHCs)**

- Jurisdiction M MAC
  - **144 Rural Health Clinics (RHCs)**

RHC Background

- Medicare pays RHCs all-inclusive rate (AIR) for medically necessary, face-to-face primary health services and qualified preventive health services furnished by RHC practitioner
  - **RHC practitioners are physicians, NPs, PAs, CNMs, clinical psychologists (CPs), and clinical social workers (CSWs)**

RHC Services

RHCs provide:

- Physician services
- Services/supplies furnished “incident to” physician services
- NP, PA, CNM, CP and CSW services
- Services and supplies furnished “incident to” NP, PA, CNM, CP or CSW services

RHC Services

- Medicare Part B-covered drugs furnished “incident to” RHC practitioner services
- Visiting nurse services to the homebound where CMS certified a shortage of home health agencies and certain criteria are met
- Certain care management services
- Certain virtual communication services

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Medicare RHC Certification

- To qualify as an RHC, a clinic must be:
  - **U.S. Census Bureau-defined non-urbanized area**
  - **In an area currently designated or certified by Health Resources and Services Administration (HRSA) within previous four years as one of the following types of areas**

HRSA Types of Areas

- Primary Care Geographic Health Professional Shortage Area (HPSA); Section 332(a)(1)(A) of Public Health Service (PHS) Act
- Primary Care Population-Group HPSA; Section 332(a)(1)(B) of PHS Act
- Medically underserved Area; Section 330(b)(3) of PHS Act
- Governor-designated and Secretary-certified shortage area under Section 6213(c) of OBRA of 1989

RHCs Must…

- Employ an NP or PA
  - **May contract with NPs, PAs, CNMs, CPs, and CSWs when RHC employs at least one NP or PA**
- During operational hours, have an NP, PA, or CNM working at least 50 percent of time
- Directly provide routine diagnostic and laboratory services

RHCs Must Have...

- Arrangements with one or more hospitals to provide medically necessary services unavailable at the RHC
- Drugs and biologicals available to treat emergencies

RHCs Must Provide...

All these laboratory tests on site:

- Stick or tablet chemical urine exam or both
- Hemoglobin or hematocrit
- Blood sugar
- Occult blood stool specimens examination
- Pregnancy tests
- Primary culturing to send to certified laboratory

RHCs Must Also...

- Have a quality assessment and performance improvement program
- Have post-operation days and hours
- Meet all other state and Federal requirements

RHCs Must Not Be...

- A mental disease treatment facility or a rehabilitation agency
- A Federally Qualified Health Center (FQHC)

RHC Visits

RHC visits must be:

- Medically necessary
- Face-to-face medical or mental health visits or qualified preventive visits between beneficiary and an RHC practitioner
- A qualified RHC service that requires the skill level of the RHC practitioner

RHC Visits

RHC visit may take place in the RHC or at:

- Beneficiary's home, or assisted living facility
- Medicare-covered Part A Skilled Nursing Facility
- Scene of an accident

RHC Visits

RHC visits cannot take place at:

- An inpatient or outpatient hospital (including a Critical Access Hospital)
- A facility with specific requirements that exclude RHC visits

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Multiple Visits on Same Day

More than one visit with an RHC practitioner on the same day, or multiple visits with the same RHC practitioner on the same day, counts as a single visit.

Same Visit Exception

Subsequent to the first visit a patient:

- Suffers an illness or injury that requires additional diagnosis or treatment on same day
  - **For example, a patient sees their practitioner in the morning for a medical condition and later in the day has a fall and returns to the RHC**

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Same Visit Exception

- A qualified medical visit and a qualified mental health visit occurs on the same day
- There's an Initial Preventive Physical Examination (IPPE) and a separate medical and/or mental health visit on the same day

RHC Payment

- Paid the maximum payment rate per visit
- Medicare pays for laboratory tests (excluding venipuncture) and the technical components of RHC services separately
- Coinsurance is 20 percent of total charges, except for certain preventive services

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Part B Coinsurance/Deductible

- Waived for U.S. Preventive Services Task Force-recommended grade A or B preventive services, such as;
- IPPE
- Annual Wellness Visit (AWV)

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Coinsurance and Deductible

- Medicare applies Part B deductible to RHC services based on total charges
  - **Non-covered expenses do not apply to deductible**

- When deductible is met, Medicare pays 80 percent of AIR for each RHC visit, except for:
  - **Preventive services are paid at 100 percent**

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Radiological and Diagnostic Services

Free-Standing RHC

- Bills technical component of service to MAC using practitioner's identification number

Provider-Based RHC

- Bills technical component of service to MAC using base provider's identification number

Telehealth

- RHCs can serve as telehealth services originating site if RHC is in a qualifying area
  - **Originating site is where an eligible Medicare beneficiary is located during telehealth service**
  - **RHCs that serve as originating site for telehealth services are paid originating site facility fee**
    - Include charges for originating site facility fee on claim

Distant Site

- RHCs are not authorized to serve as a distant site for telehealth consultations
- Distant site is where practitioner is located during the time of the telehealth service

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Clinical Laboratory Tests

Free-Standing RHC

- Bills technical component of service to MAC using practitioner's identification number

Provider-Based RHC

- Bills technical component of service to MAC using base provider's identification number

Venipuncture in AIR and not separately billable

Supplies and Drugs

Cost of drugs, biological and supplies:

- Are included in AIR and not separately billed
  - **Except for supplies authorized for billing under authorized for DMEPOS billing in accordance with DMEPOS requirements**

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Virtual Communication

- Effective January 1, 2019, RHCs can received payment when at least five minutes of communication technology based or remote evaluation service are furnished
  - **By RHC practitioner to a patient with a billable visit within the previous year that meets two requirements**

Virtual Communication

- Requirements for medical discussion or remote evaluation must be met:
  - **Is for a condition not related to an RHC service provided within the previous seven days, and**
  - **Does not lead to an RHC visit within the next 24 hours or at the soonest available appointment**

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Virtual Communication

- Claim must contain HCPCS G0071
  - **Either alone of with other payable service**

- Payment for G0071 is set at average of the non-facility PFS payment rates for HCPCS G2012 and G2010

Virtual Communication

- RHC face-to-face requirements waived
  - **Coinsurance and deductibles apply**

- Frequently Asked Questions (FAQs) are available at:
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

Preventive Services

- Lung Cancer Screening
  - **With Low Dose Computed Tomography (LDCT)**
  - **Payment is based on AIR for G0296 only**
  - **MM9246 is available at:**
    - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf

Preventive Services

- Chronic Care Management (CCM) and Behavioral Health Integration (BHI)
  - **20 minutes or more of CCM or general BHI services are furnished and G0511 is billed alone or with other payable services**
    - FAQs are available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf

Preventive Services

- Collaborative Care Model (CoCM) services
  - **70 minutes or more of initial psychiatric CoCM or**
  - **60 minutes or more of subsequent psychiatric CoCM services are furnished and**
  - **G0512 is billed alone or with other payable services**

Preventive Services

- Medicare-covered preventive services
  - **Free-Standing RHC — Bills technical component of a service to MAC using practitioner's ID #**
  - **Provider-Based RHC — Bills technical component of a service to MAC using base provider's ID #**

Preventive Services

- RHC bills for a visit when a Medicare-covered preventive service is provided
  - **If a Medicare-covered preventive service occurs on same day as another billable medical visit**
    - RHC can only bill for one visit
  - **Except Initial Preventive Physical Examination (IPPE)**

IPPE

- RHC bills for a visit when IPPE is provided

- If IPPE occurs on same day as another billable medical visit
  - **RHC bills for two visits**

Vaccines

- Influenza and Pneumococcal vaccine and administration are not reported on a claim
  - **Cannot bill a visit when the practitioner only sees beneficiary to administer vaccine(s)**
    - No coinsurance or deductible applied
  - **Cost included in cost report and payment is based on cost**

Vaccines

- Hepatitis B vaccine (HBV) and administration is included in RHC visit if the sole purpose of visit is for the HBV
  - **Not separately billable**
  - **RHC includes the vaccine and its administration costs on the annual cost report**

Vaccines

- HBV vaccine/administration can be included on claim with otherwise qualifying visit
  - **Coinsurance and deductible applies**
    - Based on charges reported on revenue code 052x and/or 0900 service line with modifier CG

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Annual Wellness Visit (AWV)

- RHC bills AWV under AIR
- If AWV occurs on same day as another billable medical visit
  - **RHC can only bill for one visit**

DSMT and MNT

- Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)
  - **Services are not separately billable**
  - **Included in the AIR when furnished with a stand-alone billable visit**

Cost Reports

- RHCs must file an annual cost report to determine their payment rate and reconcile interim payments, including payment for graduate medical education adjustments, bad debt, and influenza and pneumonia vaccines and their administration.

Independent and Hospital-based RHCs

Independent RHCs:

- Complete Form CMS-222-92 - Independent Rural Health Clinic and Freestanding Federally Qualified Health Center Cost Report

Hospital-based RHCs:

- Complete Worksheet M of Form CMS-2552-10 - Hospital and Hospital Health Care Complex Cost Report

Cost Reports

- Other provider-based RHCs complete:
  - **Appropriate set of RHC worksheets the parent provider files**

- Provider Reimbursement Manual, Part 2 at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935.html

Annual Reconciliation

At end of the annual cost reporting period:

- RHC submits a report to MAC that includes:
  - **Total allowable costs**
  - **Total visits for RHC services, and**
  - **Any other required reporting period information**

Annual Reconciliation

- After reviewing the report, Palmetto GBA:
  - **Divides allowable costs by the number of actual visits to determine a final period rate**
  - **Determines total payment due and amount necessary to reconcile payments made during the period with the total payment due**
    - MAC reviews interim and final payment rates for productivity, reasonableness, and payment limitations

CMS RHC Resources

- RHC Fact Sheet:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralHlthClinfctsht.pdf
- SE1039:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf
- Telehealth Fact Sheet:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

CMS RHC Resources

- Rural Chart:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralChart.pdf
- CMS IOM
  - Benefit Policy Manual (Pub. 100-02), Chapter 13
- CMS IOM
  - Medicare Claims Processing Manual (Pub. 100-2), Chapter 9
- CMS RHC web page
- RHC Preventive Services Chart

Self-Paced Learning

www.palmettogba.com

- Rural Health Clinics Billing Venipuncture with Incorrect Revenue Codes
- Rural Health Clinics Reporting Requirements
- Federally Qualified Health Center or Rural Health Clinics
- Rural Health Clinic Overview Module

Post-Test

http://tinyurl.com/y65axvls

Check Your Knowledge!

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Thank you for your participation!