We Make Healthcare Reimbursement Easy

Getting Paid for What You Do in Your RHC

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With You Today

Julie A. Hardy, MSA, RHIA, CCS, CCS-P
Director, Revenue Cycle

Caren Puvalowski, CHFP
Manager, Rural Healthcare Reimbursement
Agenda + Objectives

- Identify differences between governmental and non-governmental reimbursement
- Review difference between provider-based and independent clinics
- Review importance of accurate charging
- Discuss importance of Medicare & Medicaid contracting
- Cost report reimbursement effectiveness
Additional Reimbursement

- More than one visit per day
  - An illness or injury requiring additional diagnosis or treatment subsequent to the first encounter
    - Generally expect to see two different diagnosis codes as the reason for the encounter
  - A qualified medical visit and a qualified mental health visit on the same day
    - Expect to see two different diagnosis codes as the reason for the encounter
  - An IPPE and a separate medical and/or mental health visit on the same day
Additional Reimbursement

- **Hospice Attending Physician Services Payment**
  - Effective this year, RHCs are eligible to get payment for hospice attending physician services when provided by an RHC provider (physician, PA, NP) who’s employed or working under contract for an RHC and is not employed by a hospice program.
  - During a hospice election, attending physician services can take place at the patient’s home, a Medicare-certified hospice freestanding facility, SNF or hospital.
Care Management

- RHC services provided in addition to routine care coordination services furnished as part of an RHC visit
- Effective this year, TCM and general care management services may be billed during the same service period
- General Care Management (G0511)
  - Chronic Care Management (CCM)
  - General Behavioral Health Integration (BHI)
  - Principal Care management (PCM)
- Psychiatric Collaborative Care Model (CoCM) (G0512)
Telehealth – 2022 Updates

- Mental Health
  - Audio + video: use modifier 95
  - Audio-only: use modifier FQ
  - Use rev code 0900 with 90834
  - Requires in-person mental health visit within 6 months
  - Must be an in-person mental health visit at least every 12 months

- Continue to use G2025 for the duration of the PHE
Commercial Payment

- E/M levels and services billed (CPT® codes) determine reimbursement
- RHC’s need to establish reviews to ensure levels of service are billed appropriately to non-government payers
  - Internal
  - External
- Have process for collections for private/commercially-insured patients and self-pay patients
Evaluation & Management

- Office visits (99202 – 99215)
  - Chief complaint
  - Medically appropriate history + physical examination
  - Medical decision making or time

- All other E/M services
  - Chief complaint
  - History
  - Physical examination
  - Medical decision making
  - Time
Reimbursement - Contracts

- Medicare – Traditional – Annual cost report required
  - Provider based (Worksheet M of Parent Provider Cost Report)
    - Available if <49 beds + deemed as such by CMS
    - Independent (CMS-222-1992 form)

- Medicare HMO – Contract language for RHC

- Medicaid – Annual cost report required

- Medicaid HMO
  - ** Make sure you have a contract for all your patient population

- Other payors
Cost Report – Medicare

Rural Health Clinic - All-Inclusive Rate – AIR

- Costs for RHC services
  - Providers, support staff, supplies, utilities, leases, etc.
  - Track telehealth separately (not RHC service)

- Qualifying visits
  ** 1 appointment doesn’t equal 1 visit
Cost Report – Medicare

Other Considerations:

- Vaccine costs + vaccine volume (include Care HMO for COVID)
  - Flu, Pneumococcal, COVID-19 shots + antibodies

- Bad debts

- Provider productivity for employed providers
  - Physician
  - NP/PA

  ** Accurate FTE stat – 1 full time provider doesn’t equal 1 FTE
  ** Exemption not only during COVID
Cost Report – Medicare

Major changes in AIR as of 04/01/2021

As of 01/01/2022:

- Provider-based RHC < 50 beds enrolled before 01/01/21:
  - Clinic specific AIR with cap

- Independent RHC’s, PB RHC’s > 50 beds, New RHCs (after 01/01/2021):
  - $113 per visit

- Future rates?
Cost Report - Medicaid

- Medicaid – Annual cost report required with CHAMPS
  - Accurate visits
  - Compare internal data to CHAMPS data
  - Per visit rate
  - Quarterly payments

- Medicaid HMO
  - ** Make sure you have a contract for all your patient population
  - Ensure contract are loaded into CHAMPS
Key Takeaways

- Telehealth continues to see increased reimbursement
- Ensure accurate coding on all visits for all payors
- Pay close attention to services not included in your AIR
- Cost reports and contracts drive your reimbursement
- Accurate visits, FTE and costs are important
- Don’t miss out on other reimbursement opportunities
References & Resources

- Mental Health via telecommunications: MLN Matters Article SE2200
- Telehealth: MLN Matters Article SE20016
- Care management: https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html
- 2022 Updates: CMS MLN Booklet MLN006398
Questions?
Contact Us

Julie A. Hardy, MSA, RHIA
Director, Revenue Cycle
The Rybar Group, Inc.
(810) 853-6171
jhardy@TheRybarGroup.com

Caren Puvalowski, CHFP
Manager, Rural Health Reimbursement
The Rybar Group, Inc.
(810) 853-6185
cpuvalowski@TheRybarGroup.com

To learn more, visit:

- www.TheRybarGroup.com
- https://www.linkedin.com/company/the-rybar-group/