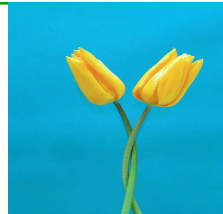




RHC Newsletter



Issue 37

April

Grants for Repayment for Educational Loans

The State of Indiana has been awarded a couple of grants that will assist in the repayment of educational loans of health professionals who agree to provide full-time primary health services in Federally designated health professional shortage areas (HPSAs). Practitioners are required to provide primary care services in a health professional service area for a minimum of two years in order to receive loan repayment benefits.

If you did not receive an email with a cover letter template and application, contact Dana Stidham.

Your Response is Needed!

Indiana Rural Health Association's RHC program will be sending out a survey in early May. As a result of your previous participation, we have planned RHC training that reflected your needs, placed AEDs in every clinic that indicated a need, and during the past three years we have placed 15 backup generators in clinics. We hope to continue these programs, consequently, we need 100% participation.

- You will have the opportunity to describe your needs for training, including our fall workshop.
- Information provides data needed for the IRHA to identify appropriate grants in behalf of the RHCs.
- Healthcare is quickly changing and impacting the way we do business, maintain patient records, and much more. We need your input to ensure that we are aware of your needs and representing you appropriately.
- This survey also asks about your equipment needs. If you do not respond, we will not know whether to include your clinic.
- Program evaluation is required for the preparedness grant.

Plan Now to Attend IRHA Annual Conference

It is time to register for the 13th Annual Indiana Rural Health Conference
"Rural Health: Connecting the Dots"

When: June 15 and 16, 2010.

Where: Indianapolis Marriott East

How: Register at www.indianaruralhealth.org

ESAR-VHP

The Emergency System for Advanced Registration of Volunteer Health Professionals provides active licensed health care professionals an efficient and secure method of registering as an emergency health care volunteer. Having a centralized ESAR-VHP database allows the Indiana State Department of Health (ISDH) to apply emergency credentialing and allow for emergency verification of a volunteer's identity, credentials, and qualifications of registered volunteers.

In the event of a disaster, public health officials will identify potential health care volunteers based on the specific needs of the emergency response.

When volunteers are contacted during an emergency, they have the option to accept or decline any volunteer request. If accepted, instructions such as where to report and what to bring will follow.

Indiana's ESAR-VHP registration system is currently able to register active Indiana licenses for:

- ◇ Physician, Physician Assistant, Nurse Practitioner
- ◇ Registered Nurse, Certified Nurse Midwife, Clinical Nurse Specialist, Licensed Professional Nurse
- ◇ Respiratory Care Practitioner
- ◇ Radiologic Technologist/Technician
- ◇ Pharmacist, Pharmacy Tech
- ◇ Psychologist, Mental Health Counselor, Social Worker, Clinical Social Worker, Marriage and Family Therapist
- ◇ Dentist, Dental Hygienist
- ◇ Environmental Health Specialist

Learn more or better yet register at:
<https://healthnet.isdh.in.gov/volunteerregistry/>

District 8 Point of Distribution Exercise

Public health departments and other health care agencies are invited to practice their plans for a mass prophylaxis by setting up a drive through clinic in the parking lot of the First Assembly of God Church in Bedford, Indiana. On May 13th, they will test their abilities to dispense medications to the county residents quickly and efficiently as would be needed in the event of an infectious outbreak or a terrorist attack with a biological agent.

Since the 2001 anthrax attacks, local and state public health agencies have been directed to develop and exercise plans to ensure that they are ready and able to respond effectively. Many anthrax threats are described as white powder sent through the mail to a targeted individual.

The CDC will be observing this exercise. Volunteers for staffing the POD as well as patients are still needed. To participate, pre-register by sending an email to Ivan Lee at ilee@isdh.in.gov no later than Monday, **May 3rd**.

NARHC: National Survey Requests Your Input

The National Association of Rural Health Clinics (NARHC) and the National Organization of State Offices of Rural Health (NOSORH) are collaborating on an initiative to improve and enhance the quality and volume of technical assistance available to RHCs.

In order to assist the NARHC in knowing what types of education and support activities would be most helpful to the RHC community in your state, they are asking you to take a few minutes to complete their survey to understand your needs. The survey will only take about 10 minutes to complete and your answers will be extremely important in helping NARHC educate state offices of rural health about the needs of the RHC community.

They would like you to complete and submit this survey by **May 7th**. Here is a link to the survey. <https://www.surveymonkey.com/s/RHC2010>

All information collected by this survey will be completely confidential.

To meet IT storage needs, the Indiana Rural Health Association is pleased to announce an alliance with Leonard-McDowell, an expert provider of sales and **IT solutions** for the healthcare and life sciences industries. Leonard-McDowell's other partners include: Scale Computing which was founded to reduce storage **costs**, increase **control**, and make managing storage much more **convenient and** Exagrid who provides next generation disk backup with deduplication to protect and retain your enterprise data.

Many hospitals, doctors' offices and clinics are not only supporting more digital data than ever before, but also retaining the data on-site and off-site for longer periods of time due to compliance requirements, as well as serving growing and aging populations.

"There is a significant growth in health care storage of diagnostic and scanned images, and diagnostic video," said Dr. Todd Rowland, executive director of HealthLINC, a health information exchange committed to improving care in Southern Indiana. "All of these activities are likely to continue."

Many legislative, economic and cultural issues are driving the demand for sophisticated storage solutions within the healthcare industry, which include:

- growing and aging populations increase the demand for healthcare services
- increasing difficulty to store more data for longer periods of time inexpensively
- transferring paper records or film documents to EMR (electronic medical records)
- following U.S. HIPPA (Health Insurance Portability and Accountability Act), Medicare and Medicaid compliance requirements
- receiving ARRA (American Recovery and Reinvestment Act of 2009) incentives

IRHA and Leonard-McDowell will be hosting a webinar for Scale Computing on Wednesday, May 5th from 2:00 PM to 3:30 PM. To register, go to <https://www2.gotomeeting.com/register/796055290>

Understanding the Basics of Cost Reporting Not Just for Those Doing the Report!

Understanding some of the basics of the cost report will lead some of decisions on how to conduct business within the rural health clinic, clarify what records need to be kept. Errors could affect your bottom line, i.e. your Medicare reimbursement rates.

The NARHC meeting in San Antonio, TX as well as the Healthcare Business Specialists workshop in Greenwood, Indiana provided training on the Cost Report. While billing sessions are well attended, part of the room clears out when the sessions on cost reporting begin. There is a perception that this topic is only for those who actually do the cost report. That is not entirely true.

When all is said and done, the cost report determines the RHC rate by dividing the RHC allowable costs by the number of face to face encounters to determine the RHC reimbursement rate (for some, up to the capped rate). Whether the clinic does the cost report or contracts it out, the reimbursement rate could be compromised if incorrect data is submitted. How RHCs are paid?

1. **Reimbursement - difference between what was due and what was paid.**
2. **Pneumococcal, H1N1 and Seasonal Flu Vaccine**
3. **Bad Debts**

1. Reimbursement- Cost per Visit:

How to Count Visits, inflating number of visits decreases your cost rate:

1. If you are billing 99211 visits, do NOT count them because they are not RHC eligible visits and will inflate the number of visits thus lowering your RHC rate.
2. Do NOT count hospital visits.
3. SNF, NF, & Swing Bed visits are counted if billed to Part A.
4. Preventive Services, varies.
5. When counting Medicare visits, do NOT include the Medicare Advantage visits; include them when counting the total RHC visits for all payers, e.g. Medicare, Medicaid, commercial and self pay. (Medicare Advantage Certification Form should be submitted with Cost Report to identify MA cost. Reference: Mark Lynn)

Time Studies:

For Providers: How much time your providers spend providing RHC services and other functions including reading diagnostic services, e.g. ECG. Note: Report only time provider is available to see patients in the FTE calculation.

E.g. physician available 1820 hours, full time hours is 2080 hours, therefore the physician FTE is 0.875.

For Nurses time studies for Flu, Pneumo, and H1N1 shots.

Not included is laboratory, bone density, ultrasound, the professional component of ECG, and x-ray services. The supplies, salaries, taxes, benefits, equipment costs & depreciation, and space must be carved out of your cost report. While you may decide that you want to offer these services onsite, they will not be included in your costs of doing business because they are non covered RHC services.

2. Vaccine Logs:

This documentation includes:

1. Supply costs of the seasonal flu & pneumococcal vaccine, e.g. invoices.
2. Time spent administering seasonal, pneumococcal, AND the H1N1 vaccines.
3. Logs need to include the patient's name, HIC number, and date of service.
4. A count, listing, or log for non-Medicare patients to determine total shots provided for the practice.

CPA and RHC Specialist, Mark Lynn, reported that this year, most cost reports averaged \$60 for pneumo vaccines, \$28 for seasonal influenza, and \$9-12 for H1N1 (H1N1 vaccine and most equipment was provided, cost of administration was allowed.)

How to compute time spent in providing Flu shots on the cost report (David James, CPA) Example:

Calculate hours spent:

Number of Flu Shots	90
Time spent per shot	10 minutes
Hours spent	15 hours

Calculate Healthcare FTEs:

# of FTE Physicians	2 **
# of FTE Mid-levels	1
# of FTE Nurses	<u>2</u>
Total Healthcare FTEs	5

Calculate Total Healthcare Hours:

Total Healthcare FTEs	5
Hours per FTEs	2080 (40 hrs -52weeks)
Total Healthcare Hours	10,400

Calculate Ratio of Flu Hour to Healthcare Hours

% of Flu Time $15 / 10,400 = 0.001442$

This ratio goes on Worksheet B-1 along with the number of injections and total cost of vaccine supply. Cont. pg. 4

Indiana Rural Health Association

2901 Ohio Blvd. Suite 110
Terre Haute, IN 47803

Phone 812-478-3919

Upcoming Events

Cahaba Online Understanding RHC Part A Billing Webinar

Must preregister. Space is limited.
https://www.cahabagba.com/apps/course_registration/al/calendar.jsp

NRHA 33rd Annual Rural Health Conference

May 18-21, 2010
National Rural Health Association
Savannah, GA
202.639.0550
gboscan@NRHArural.org

IMPACT 2010 (AAPA)

Date: May 29 - June 3
Location: Atlanta, GA

The American Academy of Physician Assistants - 38th Annual PA Conference connects colleagues with the tools needed to evolve as a PA in every practice area. Nearly 200 CME sessions, new social and networking experiences, and information on new technologies. Pre-registration closes April 16, 2010. Continuing Medical Education credits will be available.

<http://www.aapa.org/upcoming-events/annual-conference>

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Register now at
www.indianaruralhealth.org

Cost Report continued...

3. Bad Debt

Bad debt should be reported annually; longer periods of time may result in further scrutiny.

Two types of Bad Debts:

1. For the medically indigent, i.e. payments that the RHC does not have to collect may be written off immediately if the proper documentation from the patient is already on file attesting to their inability to pay. Must determine that no other party is legally responsible for payment. (CMS pub. 15-1 section 312)
2. Medicare will reimburse for all uncollectible Medicare deductibles and coinsurance.

Bad debts must be related to covered services. The RHC must be able to show that reasonable collection efforts were made. 42 CFR Section 413.80(e)

Both workshops outlined a process in which all patients, as described in item # 2 above, are billed four times within 120 days after the date in which the first bill was mailed out to the patient. Outstanding Medicaid claims must be filed with Medicaid, not the patient. If unsuccessful in finding the patient, document your attempts.

Sliding fee scale write offs and charity care are not considered bad debt.

Collection efforts must be documented. Include copies of bills, follow-up letters, reports of telephone and personal contacts in the patient's file. If bad debt is sent to collections, it must be removed from collections prior to claiming it on the cost report. (CMS Publication 15-1. Section 310.2)

Medicare Bad Debts - Dual Eligibility

- If Medicaid is obligated either by statute or by plan to pay all or part of the coinsurance or deductible, cannot bill Medicare.
- Any portion which Medicaid is not obligated to pay can be included as bad debt for Medicare.
- Must bill Medicaid and receive a denial. (CMS pub. 15-1 section 322)

PS & R Reports used to establish Medicare visits, deductibles, net payments are accessed by registering in the IACS. Providers may access the web based PS& R using: <https://psr-ui.com.hhs.gov/psr-ui>

Other references:

<http://www.cms.hhs.gov/ContractorLearningResources/downloads/JA6519.pdf>

www.com.hhs.gov/PSRR

http://www.coms.hhs.gov/psrr/downloads/User_Manual_Providers.pdf

** Even though physicians do not give injections, use all FTEs to calculate flu shot costs.