

RURAL HEALTH CLINIC SOLUTIONS

Initial Assessment – Wipfli can complete an initial qualifying and financial assessment of the rural health clinic designation, including an estimate of the potential increase in Medicare and Medicaid reimbursement.

Medicare Application Process – The required forms can be completed to request RHC certification from CMS. Wipfli sees the process through to ensure that the Medicare intermediary is processing the application and that questions from the intermediary are answered in a timely manner.

Policy and Procedure Manual – Wipfli can provide sample RHC policies and procedures which can be customized to the clinic's needs and regulatory requirements. In addition, a review of the clinic's RHC Policy & Procedure Manual can be completed to check for compliance.

Mock Survey – An on-site preliminary review of the rural health clinic compliance requirements can be completed based on the Rural Health Clinic Survey Report, Form CMS-30. This review can be completed to avoid or minimize deficiencies identified during the official RHC survey.

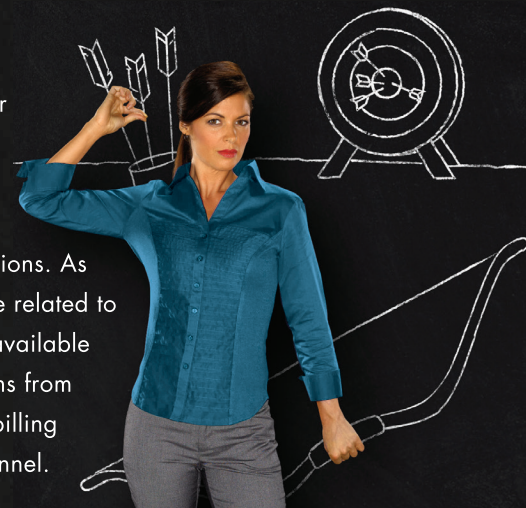
Medicaid Application Process – Once the clinic has received its RHC certification from CMS, it can apply for RHC status from the State of Oregon. Wipfli can prepare the required applications or assist with the process.

Medicaid Rate Calculation – As part of the RHC Medicaid Application Process, the clinic will be required to submit a Medicaid RHC rate calculation in order to set the RHC rate. This rate is updated yearly by the Medicare Economic Index (MEI) and cannot be changed unless a qualifying change of scope occurs. Therefore, it is important that this rate is set correctly.

Medicare Interim Reimbursement Rate Calculation – In most cases, the Medicare intermediary will set an independent RHC's rate at the maximum cost-per-visit limit. However, since provider-based RHCs to a hospital with less than 50 beds are not subject to this limit, the hospital should complete an interim reimbursement rate calculation in order to be paid during the year at a rate close to the actual cost per visit. Wipfli can complete this rate calculation for submission to the Medicare Fiscal Intermediary.

Annual Medicare Cost Report Compilations – Medicare cost reports (MCRs) are required to be submitted yearly. Wipfli prepares both freestanding RHC MCRs as well as hospital cost reports that include provider-based RHCs.

Billing Education and Consultations – Wipfli can provide clinic management, billing staff, practitioners, and other clinic personnel with educational programs that will explain the basic principles of RHC billing, the various forms that must be used, and other information needed to understand the differences between prior billing practices and RHC billing requirements. The education programs will also discuss the other issues that may affect Medicare and Medicaid reimbursement such as productivity standards, full-time equivalent practitioner counts, cost reporting requirements, and reimbursement for flu and pneumonia injections. As additional issues arise related to certification, we are available to respond to questions from RHC administration, billing staff, and other personnel.



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CPAs and Consultants

HEALTH CARE PRACTICE

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