

# *RURAL HEALTH CLINIC DEVELOPMENT: START TO FINISH*

**40th Annual Oregon Rural Health Conference  
October, 2023  
Patty Harper, RHIA, CHC**



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## ***Rural Health Clinic Development: Start to Finish***

*Patty Harper, RHIA, CHC, Principal, InQuiseek*

This session will provide detailed content about the CMS Rural Health Clinic designation and provided step-by-step guidance for participants who are either interested in developing a Rural Health Clinic or change the enrollment status of an RHC. The complete workflow from provider enrollment through post-certification actions will be discussed in interactive ways that ensure that the learning objectives can be fully recognized by the participants.

### **Session Objectives:**

- The participant will be able to articulate the unique characteristics and advantages of the RHC program.
- The participant will be able to implement Rural Health Clinic development.
- The participant will be able to navigate any roadblocks or challenges encountered in the workflow.

# WHAT IS AN RHC?

## What is an RHC?

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Rural Health Clinics (RHCs) were established by the Rural Health Clinic Service Act of 1977 to address an inadequate supply of physicians serving Medicare beneficiaries in underserved rural areas, and to increase the utilization of nurse practitioners (NP) and physician assistants (PA) in these areas. RHCs have been eligible to participate in the Medicare program since March 1, 1978, and are paid an all-inclusive rate (AIR) for medically-necessary primary health services, and qualified preventive health services, furnished by an RHC practitioner.

- RHCs are CMS certified healthcare facilities. 42 CFR §491
- Must meet location requirements: Non-urbanized (2010) and in a Primary Care Healthcare Professional Shortage Area.
- Must staff an NP or PA at least 50% of all patient care hours.

# Rural Health Clinic

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*Rural health clinic (RHC)* means a facility that has—

- (1) Been determined by the Secretary to meet the requirements of section 1861(aa)(2) of the Act and [part 491 of this chapter](#) concerning RHC services and conditions for approval; and
- (2) Filed an agreement with CMS that meets the requirements in [§ 405.2402](#) to provide RHC services under Medicare.

- RHCs are a type of certified healthcare facility that are located in rural areas which are also in a Primary Care Healthcare Professional Shortages area or a Medically Underserved area. The RHC may be grandfathered at its location if the location qualified at the time of the initial certification and has been relocated to another qualifying site.
- There are no satellite RHC locations. Each location is separately and individually certified.
- RHCs may also be accredited by a CMS-deemed accreditation organization.

## RHC Ownership

- For profit/proprietary
- Non-profit
- Governmental entity/hospital district/county/municipality
- Any legal entity structure allowed in the state

### Provider-based

- Owned by a hospital, SNF, or home health agency
- Under the **same EIN** as the parent organization
- Different NPI for RHC
- Qualifies for 340B child site
- M-series on parent entity's cost report
- Grandfathered higher rate ≤ 2020

### Independent

- Independently owned by a provider, group or private entity
- OR has a different EIN from another related entity
- Different NPI for RHC from other practice locations under the same EIN
- Files a separate cost report
- Subject to annual upper payment limits

# RHCs and Identity Crisis Myths

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**MYTH #1:** An RHC is the just a medical practice that is paid differently. Nothing really changed when the clinic became an RHC.

**TRUTH:** The clinic is now a CMS-certified healthcare facility. *It became something new.* An RHC is subject to regulatory compliance and standards that medical offices are not.

**MYTH #2:** A PBRHC is a department of the parent hospital or entity.

**TRUTH:** CMS certifies an RHC as a separate type of facility from the parent entity. Although the PBRHC must fall under the general management of the parent organization, the RHC has different certification and accreditation standards because it is subject to different conditions of certification. The RHC also has different Emergency Preparedness requirements. Louisiana does have a licensing option that does treat the RHC as a department of the hospital, but this is the only exception. CMS does not consider a PBRHC to be a department of the parent organization.

**MYTH #3:** An RHC is just a medical office in a rural location. There are no other requirements.

**TRUTH:** RHCs must meet local requirements as being in a rural, non-urbanized area. RHCs must also be in a Primary Care HPSA or MUA.



## Are an RHC and FQHC the same thing? **NO!**

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- Although RHCs and FQHCs share the same conditions for certification found in 42 CFR §491, they are not the same type of healthcare facility. They are often confused or considered synonymous, but they are very different.
- RHCs and FQHCs are funded and reimbursed differently.
- The organizational structure is different.
- The types of services they each perform are different. FQHCs typically can provide a larger scope of service.
- There are differences in regulatory compliance and reporting requirements.
- The coding and billing methodologies, although similar, are unique to each type of facility.
- RHCs are **clinics**. RHCs are rural.
- FQHCs are **centers**. FQHCs or Community Health Centers can be rural or urban.

## 42 CFR § 491.5 – Location of Clinic

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- ❑ An RHC is located in a rural area that is designated as a shortage\* [area](#). May be permanent or mobile.
- ❑ Shortage area means a defined geographic area designated by the Department as having either a shortage of personal health services or a shortage of primary medical care manpower. This shortage can be based on the healthcare professional ratio of providers to the population or it can be based on other population demographics which support the classification as a medically underserved area.
- ❑ New: an RHC can annex a mobile unit onto their existing RHC. Think of it as an extra exam room. Must update your 855A.
- ❑ Existing RHCs are grandfathered in at their locations even if the location criteria changes. Those RHCs may not relocate.
- ❑ Don't relocate an existing RHC without checking the eligibility of the new address.

# Am I Rural? – Report

Report produced by the Rural Health Information Hub on 10/09/23.

## Location

### Report Address:

3015 NE West Devils Lake Rd,  
Lincoln City, OR 97367

**Latitude:** 44.98761

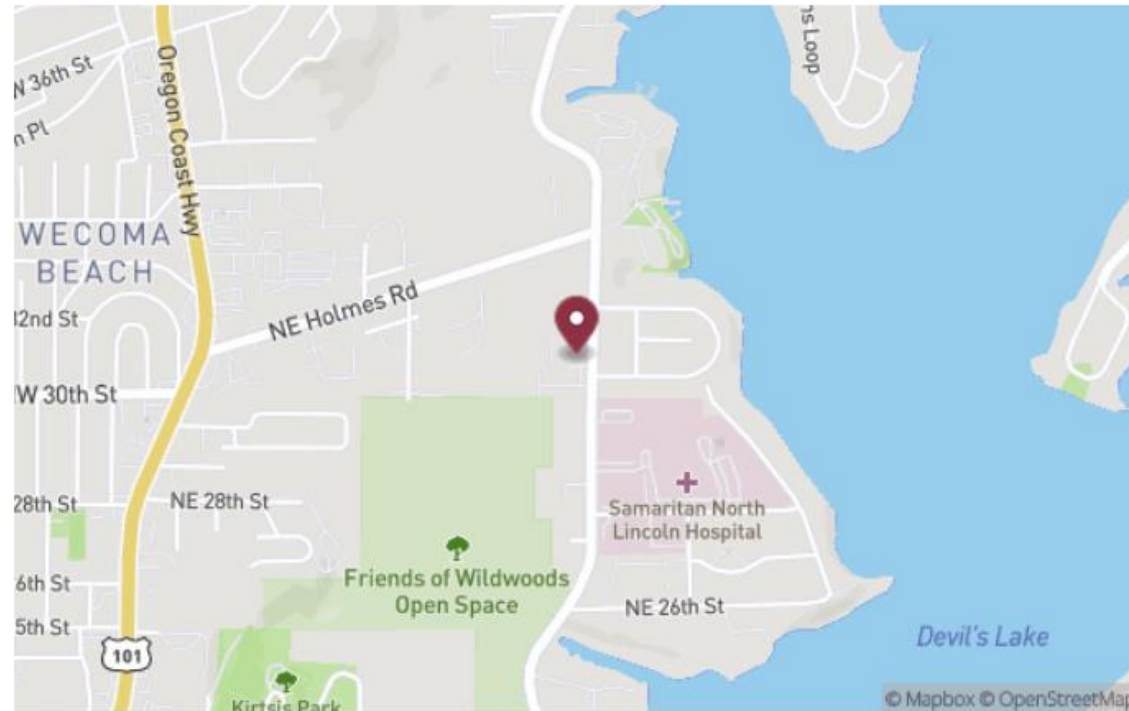
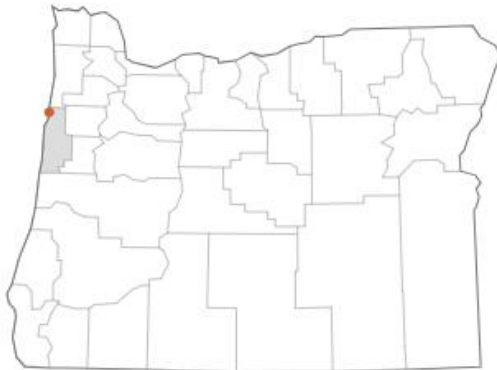
**Longitude:** -123.99733

### Census Tract:

41041950304 (2010 & 2020)

### County:

Lincoln County, OR



## Program Eligibility

The information provided by this service addresses only the rural aspect of a program's requirements. Your *Am I Rural?* report is not a guarantee of your rural status. Please check with the program contacts directly to verify your eligibility for specific federal programs.

Program	Rural?
<b>FORHP - Grant Programs</b>	<b>YES</b>
<b>CMS - Rural Health Clinics (RHC) Program</b>	<b>YES</b>

This location is eligible for Federal Office of Rural Health Policy grant programs.

Lincoln County, OR has been designated by FORHP as rural.  
(For FY23 grant cycle)

[CMS interim guidance](#) considers a location to meet the rural location requirement for the RHC program if it is outside of an urbanized area in the 2010 Census Bureau data OR if it is outside of an urban area in the 2020 Census Bureau data.

- This location is outside of 2010 Urbanized Areas

## Shortage Designations

### Health Professional Shortage Areas

Primary Care

**YES**

- Name: LI - Lincoln County
- Date of Designation: March 8, 2022
- Last Update: March 8, 2022

Dental Care

**YES**

- Name: LI - Lincoln County
- Date of Designation: June 15, 2006
- Last Update: September 10, 2021

Mental Health

**YES**

- Name: Lincoln County
- Date of Designation: October 19, 1978
- Last Update: September 10, 2021

# STEPS TO BECOMING AN RHC

# Administrative Steps to Take Before RHC Certification

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1

- Establish Business Entity
- Secretary of State Paperwork

2

- Obtain EIN/TIN
- SS-4 Online IRS Application

3

- Obtain RHC NPI
- NPPE Online Application

4

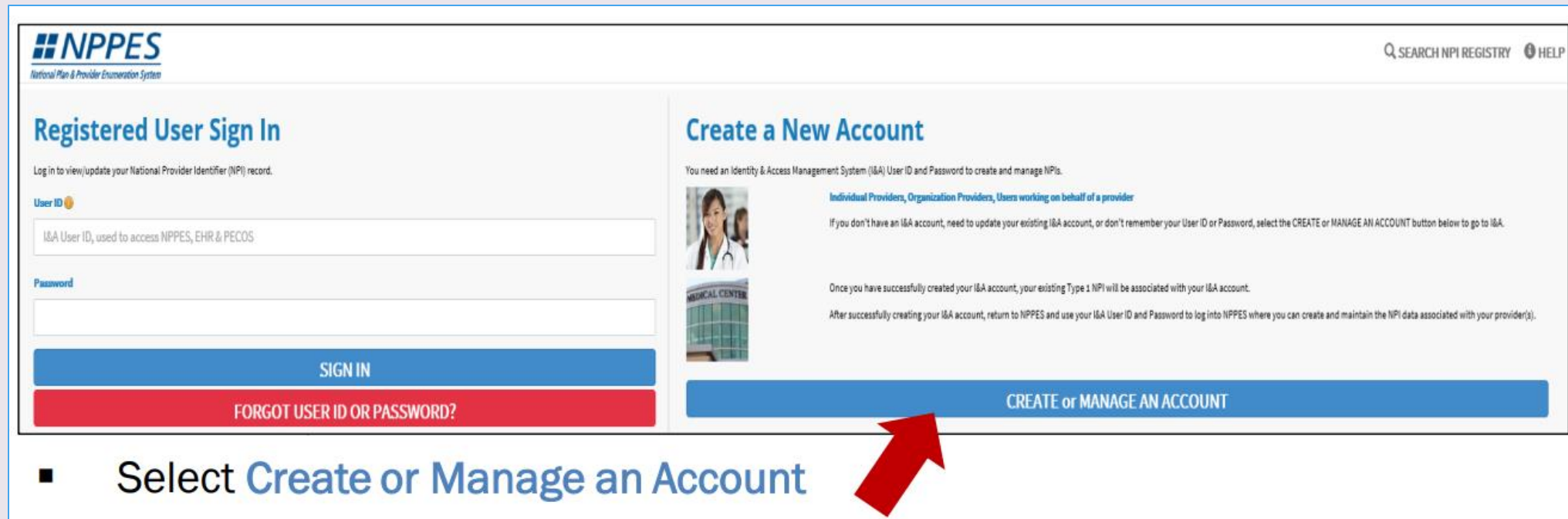
- Financial Feasibility Study (if needed)
- Demographics, Payer Mix, Utilization, Reimbursement Pro Forma

5

- Evaluate your systems NOW to determine if you can do Medicare split-billing.
- For PBRHC, can you accomplish split-billing or the processes need.

# Applying for an RHC NPI

An RHC will need an NPI number that is unique and distinct to the facility that it is becoming. An independent clinic may be able to use an existing NPI. Ask your consultant. If the RHC is forming out of a group, it must have its own NPI.



The screenshot shows the NPPES (National Plan & Provider Enumeration System) website. The top left features the NPPES logo and the tagline 'National Plan & Provider Enumeration System'. The top right has a search bar for 'SEARCH NPI REGISTRY' and a 'HELP' icon. The main content is divided into two columns. The left column is titled 'Registered User Sign In' and includes a sub-header 'Log in to view/update your National Provider Identifier (NPI) record.' Below this are input fields for 'User ID' (with a sub-label 'I&A User ID, used to access NPPES, EHR & PECOS') and 'Password'. There are three buttons: a blue 'SIGN IN' button, a red 'FORGOT USER ID OR PASSWORD?' button, and a blue 'CREATE or MANAGE AN ACCOUNT' button. The right column is titled 'Create a New Account' and includes a sub-header 'You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.' Below this is a small image of a doctor and a building labeled 'MEDICAL CENTER'. The text in this column explains that individual providers, organization providers, and users working on behalf of a provider need an I&A account. It states that if you don't have an I&A account, need to update an existing one, or don't remember your User ID or Password, you should select the 'CREATE or MANAGE AN ACCOUNT' button. It also notes that once an I&A account is successfully created, an existing Type 1 NPI will be associated with it, and users should return to NPPES to create and maintain their NPI data. A red arrow points to the 'CREATE or MANAGE AN ACCOUNT' button. Below the screenshot, a bullet point reads 'Select Create or Manage an Account'.

<https://nppes.cms.hhs.gov/assets/How to apply for an NPI online.pdf>



# Provider Enrollment FAQs on NPI and CCN/PTANs

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## ***Medicare Billing Numbers***

41. What is a CCN?

A CMS Certification Number (CCN) is assigned to Part A facilities for billing and administrative purposes and identifies them in Medicare claims and other transactions (including cost reports for those providers that are required to file Medicare cost reports). ***The CCN is equivalent to a Provider Transaction Access Number (PTAN).***

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## ***National Provider Identifier (NPI)***

1. When are subpart NPIs recommended?

A. CMS encourages all providers to obtain subpart NPIs in a manner similar to how they receive CMS Certification Numbers (CCNs) (i.e., a ***“one-to-one relationship”***).

# Administrative Steps to Take Before RHC Certification

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5

- Obtain CLIA Certificate
- CMS Form 116
- Must match RHC name and address

6

- Obtain Other Required Licenses or Permits
- State or County Specific (may be optional)
- State RHC License may come after Step 7 (only 4 states)

7

- Determine RHC Internal Organization
- Owners and Controlling Parties Will need to be disclosed during the enrollment process

# Applying for a CLIA Certificate

If the clinic already has a CLIA and the name/address is not changing, the current CLIA is valid.

If the RHC is a new clinic or if it is separating from a group, a new CLIA is needed. The RHC cannot use the hospital CLIA. The names and addresses must match.

The CLIA is needed because the RHC is required to do at least six Point-of-Care tests per 42 CFR §491.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			Form Approved OMB No. 0938-0581		
<b>CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION</b>					
<b>ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED.</b>					
<b>I. GENERAL INFORMATION</b>					
<input type="checkbox"/> Initial Application      Anticipated Start Date _____			CLIA IDENTIFICATION NUMBER		
<input type="checkbox"/> Survey			_____ D _____		
<input type="checkbox"/> Change in Certificate Type			<i>(If an initial application leave blank, a number will be assigned)</i>		
<input type="checkbox"/> Other Changes (Specify) _____					
Effective Date _____					
FACILITY NAME _____			FEDERAL TAX IDENTIFICATION NUMBER _____		
EMAIL ADDRESS _____			TELEPHONE NO. <i>(Include area code)</i> _____		FAX NO. <i>(Include area code)</i> _____
<input type="checkbox"/> RECEIVE FUTURE NOTIFICATIONS VIA EMAIL					
FACILITY ADDRESS — <i>Physical Location of Laboratory (Building, Floor, Suite if applicable.) Fee Coupon/Certificate will be mailed to this Address unless mailing or corporate address is specified</i>			MAILING/BILLING ADDRESS <i>(If different from facility address) send Fee Coupon or certificate</i>		
NUMBER, STREET <i>(No P.O. Boxes)</i> _____			NUMBER, STREET _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
SEND FEE COUPON TO THIS ADDRESS		SEND CERTIFICATE TO THIS ADDRESS		CORPORATE ADDRESS <i>(If different from facility) send Fee Coupon or certificate</i>	
PICK ONE:		PICK ONE:		NUMBER, STREET _____	
<input type="checkbox"/> Physical		<input type="checkbox"/> Physical		CITY _____	
<input type="checkbox"/> Mailing		<input type="checkbox"/> Mailing		STATE _____	
<input type="checkbox"/> Corporate		<input type="checkbox"/> Corporate		ZIP CODE _____	
NAME OF DIRECTOR <i>(Last, First, Middle Initial)</i> _____			Laboratory Director's Phone Number _____		

# Administrative Steps to Take Before RHC Certification

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8

- Submit 855A to MAC Paper or through PECOS
- Check your email and spam/junk every day or so
- Get application approval letter; will say pending

9

- Survey Readiness ( Engage with AO)
- Policy Development
- Compiling Internal Evidence Documents

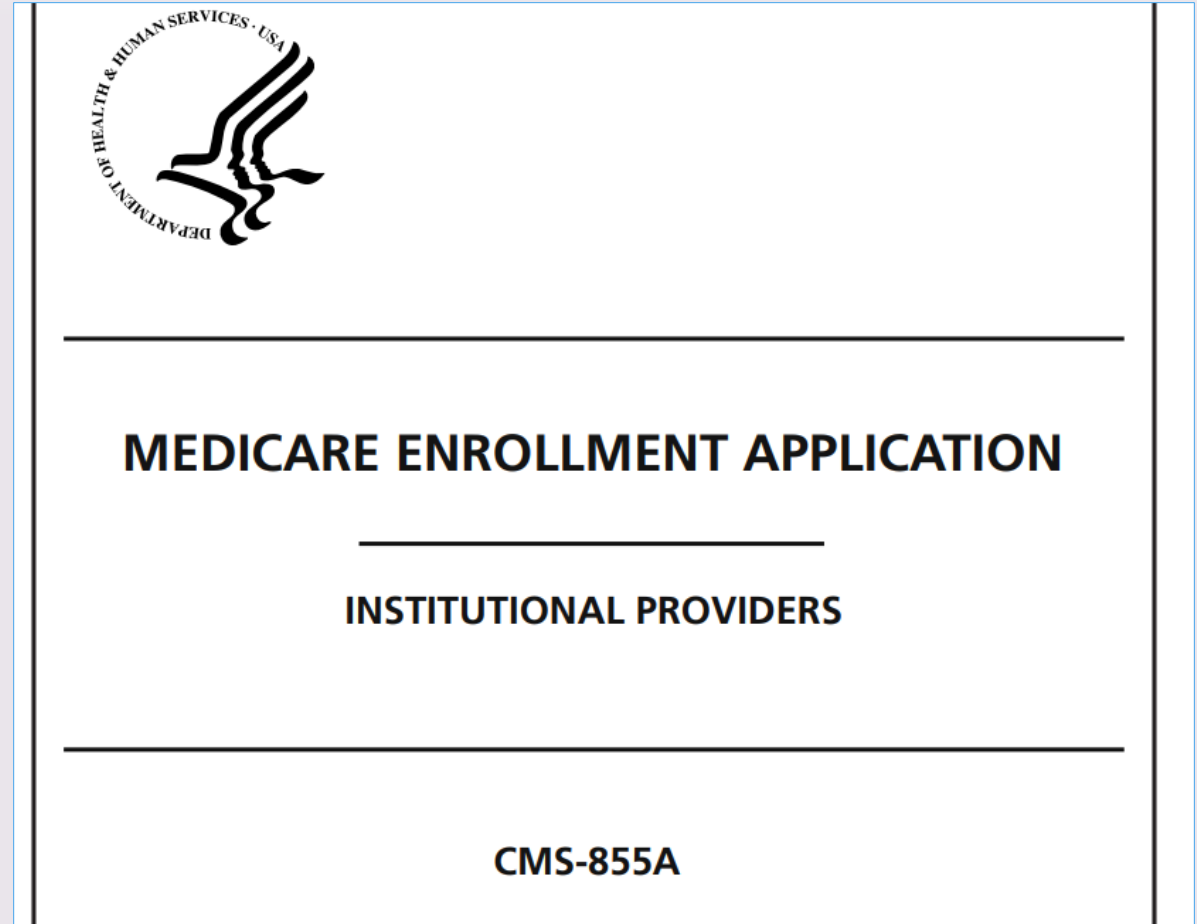
10

- Additional Forms for CMS
- CMS-29, CMS-1561A (triplicate) and Online Compliance Attestation for PBRHC

# Enrolling with CMS as an RHC

RHCs are institutional providers so they are enrolled using an 855A enrollment which is separate from any other previous enrollment. RHCs become something new.

RHCs are not departments of a hospital. RHCs are not a practice location of a group medical practice. They have a separate enrollment.



DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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**MEDICARE ENROLLMENT APPLICATION**

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**INSTITUTIONAL PROVIDERS**

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**CMS-855A**

# Changes of Information on 855A

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855A is used for initial enrollments of healthcare facilities. It is also used to report changes in information and changes in ownership. Periodically, the 855A is revalidated to ensure that the provider enrollment information is correct.

- Initial Enrollment
- Relocation (HPSA must be valid)
- Changes in Other Information
- Addition of Mobile Unit
- Changes in Ownership

# Conditions for RHC Certification

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The Conditions for RHC Certification are found in 42 CFR 491: 1-12

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491>

## **PART 491 - CERTIFICATION OF CERTAIN HEALTH FACILITIES**

Authority: [42 U.S.C. 263a](#) and [1302](#).

**Subpart A - Rural Health Clinics: Conditions for Certification; and FQHCs  
Conditions for Coverage**

# It's all in the Name

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- **Does your name match what is on your 855a?**
- **Legal and dba name on signage must match the CMS enrollment**
- **Marketing and Advertising should match the CMS Enrollment.**
  - **Don't rebrand.**





# RHC POLICY DEVELOPMENT

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- Unique Policy Development that meets the requirements of 42 CRF §491. Not hospital or group policies unless they specifically meet the RHC regs.
- Supporting Evidence Documents which support and prove compliance with the Conditions for Certification.
- Participation in Policy Development and Review by the RHC Medical Director and NPs or PAs.
- All staff has been trained on the RHC Policies.
- Policies are reviewed at least biennially as part of the RHC program evaluation process.

# Survey Readiness

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- RHCs must demonstrate compliance with the Conditions for Certification.
- These standards are found in SOM Appendix G.
- When a clinic is also obtaining RHC accreditation, the clinic must meet the standards of the Accreditation Organization (AO),
- Most states are NOT performing initial RHC certification surveys which means that new RHCs will usually have to work with an AO.
- Survey Readiness includes:
  - Policies and Procedures (RHC Specific, Administration and Organizational)
  - Environmental Readiness (Infection Control, Patient Safety, Emergency Preparedness)
  - Staff Training and HR Files
  - Compliance with CMS Regulations

# Appendix G

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## **State Operations Manual Appendix G - Guidance for Surveyors: Rural Health Clinics (RHCs)**

**Table of Contents**  
*(Rev. 200, 02-21-20)*

### **[Transmittals for Appendix G](#)**

#### **Part I – Survey Protocol**

**Introduction**

**Regulatory and Policy References**

**Rural Health Clinic Survey Protocol**

The inQdocs Playbook for Crossroads Clinic (2)

TCT Standard Search TCT Standard... Search By Search By... Search For Search For Search

Expand / Collapse All Placeholder 3 Evidence 69

Introduction 1	Administration 7	Environmental 16	Medical Mgmt 14	HR 3	Quality 4	Financial 1
<p><b>Preface to the Policies</b></p> <p>Policy: Title Page (V E 3)</p>	<p><b>Regulatory Compliance</b></p> <p>Policy: 100 (V T E 4)</p> <p><b>Formal Corporate or Organization Compliance Plan</b></p> <p>Policy: 105 (V T E 3)</p> <p><b>Organizational Structure and Ownership</b></p> <p>Policy: 110 (V T E 3)</p> <p><b>Organizational Chart Structure</b></p>	<p><b>Physical Plant Safety: General</b></p> <p>Policy: 200 (V T E 4)</p> <p><b>Preventive and Required Maintenance</b></p> <p>Policy: 210 (V T E 2)</p> <p><b>Building Sanitation and Cleanliness</b></p> <p>Policy: 215 (V T E 1)</p> <p><b>Storage, Handling &amp; Administration of</b></p>	<p><b>RHC Provision of Services</b></p> <p>Policy: 300 (V T E 2)</p> <p><b>Medical Management Guidelines</b></p> <p>Policy: 310 (V T)</p> <p><b>Protocols for In-House Lab Testing</b></p> <p>Policy: 320 (V T)</p> <p><b>Supervision and Delegation of Nursing Tasks by</b></p> <p>Policy: 325 (V T)</p>	<p><b>General Employment</b></p> <p>Policy: 400 (V T E 2)</p> <p><b>Credentialing and Employment</b></p> <p>Policy: 410 (V T E 5)</p> <p><b>Periodic Performance Evaluation and Clinical Competency</b></p> <p>Policy: 415 (V T)</p>	<p><b>Program Evaluation</b></p> <p>Policy: 500 (V T E 1)</p> <p><b>Quality Assurance and Utilization Review</b></p> <p>Policy: 510 (V T E 3)</p> <p><b>Patient Satisfaction and Complaint Policy</b></p> <p>Policy: 520 (V T P 2 E 2)</p> <p><b>Risk Management</b></p>	<p><b>Financial</b></p> <p>Policy: 600 (V T E 4)</p>

# AO Standards

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If you are using an RHC Accreditor you will be required to meet their standards above and beyond Appendix G.

The two deemed AOs are The Compliance Team and QuadA.

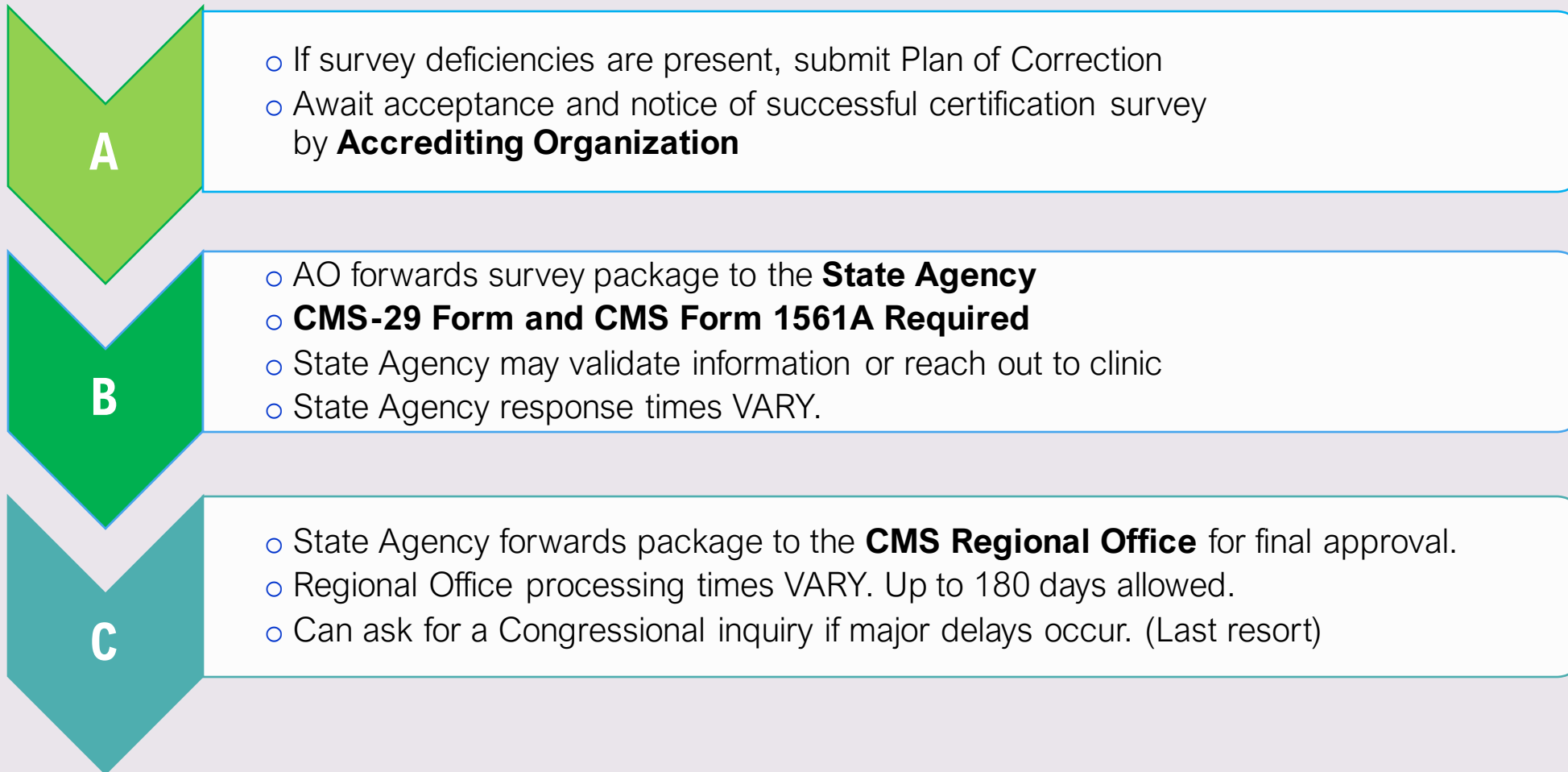
If your hospital is accredited, your RHCs are not subject to the hospital standards. They are a separately certified facility.



# Processes after the RHC Survey

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It can take 3-12 months after survey to be fully paid as an RHC by all payers.



# CMS-29

- Filed with initial survey
- Filed with each subsequent survey
- Filed when there is a change in medical director
- Filed when there is a change in legal or dba name
- Filed with there is a change in ownership
- Filed if ownership structure changes.
- It is the only place where the RHC is linked to the parent organization to be provider-based.
- Make sure that whoever is completing the form understands the information that is being requested.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB NO. 0938-0074

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**VERIFICATION OF CLINIC DATA – RURAL HEALTH CLINIC PROGRAM**

Medicare program must complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the Center for Medicare & Medicaid Services (CMS) regional office at <http://www.cms.hhs.gov/RegionalOffices/>. This form is also to be completed when the State agency surveys a participating RHC.

	CMS CERTIFICATION NO. <input style="width: 90%;" type="text"/> (RH1)
	STATE/COUNTY <input style="width: 90%;" type="text"/> (RH2)
	STATE REGION <input style="width: 90%;" type="text"/> (RH3)

<b>I.</b>	<b>IDENTIFYING INFORMATION</b> <small>(TO BE COMPLETED FOR EACH CLINIC SITE)</small>	NAME OF CLINIC <input style="width: 95%;" type="text"/>	STREET ADDRESS <input style="width: 95%;" type="text"/>		
	CITY, COUNTY AND STATE <input style="width: 95%;" type="text"/>	ZIP CODE <input style="width: 95%;" type="text"/>	TELEPHONE NO. <i>(Including Area Code)</i> <input style="width: 95%;" type="text"/> (RH4)		
	<b>NAME AND ADDRESS OF CLINIC OWNER(S)</b> <input style="width: 100%; height: 100%;" type="text"/> (RH5)				
	<b>II. MEDICAL DIRECTION</b> <input style="width: 100%; height: 100%;" type="text"/>				
	<b>III. CLINIC PERSONNEL</b> <small>(FULL TIME EQUIVALENTS)</small>	(A) PHYSICIAN <input style="width: 95%; height: 95%;" type="text"/> (RH6)	(B) NURSE PRACTITIONER <input style="width: 95%; height: 95%;" type="text"/> (RH7)	(C) PHYSICIAN ASSISTANT <input style="width: 95%; height: 95%;" type="text"/> (RH8)	(D) OTHER <input style="width: 95%; height: 95%;" type="text"/> (RH9)
	<b>IV.</b> 1. PROFIT	A. INDIVIDUAL <input type="radio"/>	B. CORPORATION <input type="radio"/>	C. PARTNERSHIP <input type="radio"/>	D. GOVERNMENT <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> FEDERAL

# CMS 1561A

This is the RHC  
Participation  
Agreement.

Filed in triplicate.

Sent to the State  
Agency.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB No. 0938-0832

## HEALTH INSURANCE BENEFITS AGREEMENT

(Agreement with Rural Health Clinic Pursuant to  
Section 1861(aa)(2)(K)(ii) of the Social Security Act)

For the purpose of establishing eligibility for payment under Title XVIII of the Social Security Act,

*(Insert name of clinic)*

hereafter referred to as the Rural Health Clinic, hereby agrees:

- (A) to maintain compliance with the conditions for certification set forth in part 491 of chapter IV, title 42 of the Code of Federal Regulations, and to report promptly to the Centers for Medicare & Medicaid Services any failure to do so;
- (B) not to charge the beneficiary or any other person for items and services for which the beneficiary is entitled to have payment made under the provisions of part 405 of chapter IV, title 42 of the Code of Federal Regulations (or for which the beneficiary would have been entitled if the Rural Health Clinic had filed a request for payment in accordance with §410.165 of chapter IV), except for any deductible or coinsurance amounts for which the beneficiary is liable under §405.2410;
- (C) to refund as promptly as possible any money incorrectly collected from a beneficiary or from someone on his or her behalf;
- (D) to accept beneficiaries for care and treatment without limitations, except as it may impose on all other persons;
- (E) to accept any additional provisions that the Secretary finds necessary or desirable for the efficient and effective administration of the Medicare program.

This agreement, upon submission by the Rural Health Clinic and upon acceptance for filing by the Secretary of Health and Human Services, shall be binding on the Rural Health Clinic and the Secretary. The agreement may be terminated by either party in accordance with regulations. In the event of termination, payment will not be available for Rural Health Clinic services furnished on or after the effective date of termination.

<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1561a.pdf>



## Things to Do Before or While Waiting on the Regional Office

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- Explore what credentialing/re-credentialing will need to be done with your State Medicaid program and managed plans.
- Understanding the Timing is EVERYTHING!
- Start working with your PM/EHR Vendor and other Partners on System Configuration changes. (Vendor, Clearinghouse, EDI, Billing Company, etc.) You will want to give them a heads-up at the beginning of the RHC development and then circle back to them.

## Things to Do Before or While Waiting on the Regional Office

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- Make any adjustments to the clinic fee schedule or accounting system to accommodate RHC billing. Examples: Adding revenue codes, mapping charges to the GL, creating new cost center, adding RHC-specific codes.
- Set up workflow for RHC processes that need cost report recordkeeping. (vaccine logs, bad debt, carve outs)
- Educate your coding & billing staff or partners on issues specific to RHCs.
- Do provider training on changes to coding and billing.

# To Hold Claims or Not?

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This is a discussion/decision that needs to be made administratively considering many factors. Talk about this in advance to minimize any gap in revenue stream.

Please pull in your financial management team, your RHC consultant, your cost report preparer, your IT department, your vendors and other 3rd party partners.

# Processes after the RHC Survey

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D

- CMS Regional Office approves and **assigns new RHC CCN** (Provider Number)
- Regional Office notifies the Medicare Administrative Contractor (MAC) of new RHC

E

- MAC will acknowledge the new RHC.
- Interim rate established or MAC informs RHC of rate-setting processes.

F

- Apply with Medicaid program or agency to obtain new RHC Medicaid provider number. A few states will allow Medicaid enrollment prior to Medicare CCN. Most do not.
- Interim RHC Medicaid Rate Set (different methodologies for different states).

## RHC CMS Certification Numbers (CCN)

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RHCs can be either **independent** or provider-based. Independent RHCs are stand-alone or freestanding clinics and submit claims to a Medicare Administrative Contractor (A/B MAC). They are assigned a CMS Certification Number (CCN) in the range 3800-3974 or 8900-8999.

**Provider-based** RHCs are an integral and subordinate part of a hospital (including a critical access hospital (CAH)), skilled nursing facility (SNF), or a home health agency (HHA). They are assigned a CCN in the range 3400-3499, 3975-3999, or 8500-8899.

CCN is another term for PTAN

# Processes for submitting RHC Claims

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**G**

- Finish up loose ends on re-credentialing, EDI enrollment and system configuration.

**H**

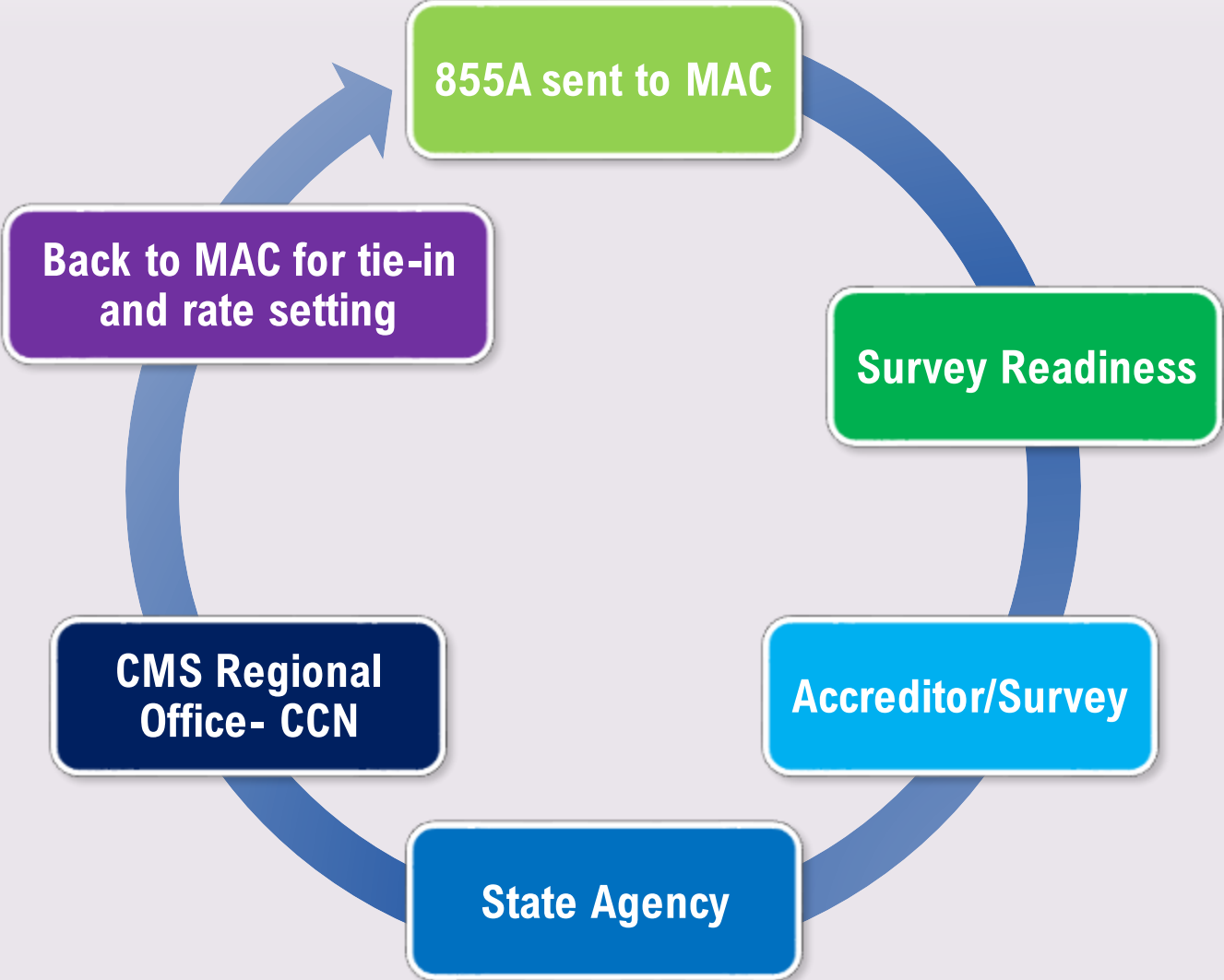
- TEST claims prior to sending a full batch.
- Tweak configuration and troubleshoot issues with claim submissions.

**I**

- Monitor RHC remittance advices to identify revenue cycle issues.
- Trouble shoot reimbursement issues.

# CMS RHC Process Recap

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QUESTIONS, COMMENTS, DISCUSSION?

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Patty Harper is CEO of InQuiseek Consulting, a healthcare consulting company based in Louisiana. She has over 25 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has previously been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. Patty currently serves on the Board of NARHC.



# Thank You Partners!

