

Questions presented at the Missouri Association of Rural Health Clinics
October 20-21, 2011

1. How many people have participated in the ANSI 5010?

Answer: Everyone will have to submit claims in this format by January 1, 2012

2. Do Independent Rural Health Clinics get penalized for not participating with electronic prescriptions?

Answer: No. There are no funds available for RHC and the E Prescribe since we are not paid by Medicare Part B.

3. Being an Independent RHC are we eligible for HPSA and PSA Payments?

Answer: No because our Medicare payments are based on encounters and again paid by Part B of A. The only services eligible for this payment would be non RHC services such as hospital services. There are no special codes to submit for this payment, Medicare creates the payments from billed claims.

4. How do you bill for Urgent Care, which is an extension of a RHC. RHC services are for Medicare and Medicaid only. Jim Estes advised to be careful on the Name of your clinic. Commercial payers consider urgent care as a higher copay for the patients.

5. We were told by our MAC that a patient must have Part B Medicare in order to cover a RHC Visit even though we bill Part A (as an RHC) Is this correct?

Answer: Yes this is correct. RHC bill to Medicare Part B of A. The patient must be covered by Medicare Part B for professional services to be covered. Medicare part A is for the Hospital services

6. Why can Cahaba make their own rules. They don't follow the billing (electronic) requirements? This is a challenge for all of us and the most important thing to remember is that this intermediary is not used to UB billing for Professional services. There are edits set in place for their system that do not pertain to Professional services, but must be there to get the claim in the door.