

PRECONFERENCE - WEDNESDAY, OCTOBER 20, 2010	
7:00 – 8:00 am	Registration – Light Breakfast, Coffee & Beverages
8:00 – 9:30 am	<p>“Billing 101” <i>Jim Estes, President, Healthcare Horizon, Bartlesville, Oklahoma</i></p> <p>Participants will receive information on the often complicated and always frustrating challenges of billing in the RHC, ways it is different from a "normal" clinic, and areas that need to be considered in order to maximize the clinic's reimbursements.</p>
9:30 – 9:45 am	Networking Break – Coffee & Beverages
9:45 – 11:00 am	<p>“Cost Reporting 101” <i>David S. James, CPA, North American Healthcare Management Services, St. Louis, Missouri</i></p> <ul style="list-style-type: none"> • Understand the general components and concepts of the rural health clinic cost report • Compile information necessary for the preparation of the cost report • Understand changes and updates to the cost reporting process
11:00 – 12:00 pm	<p>“Annual To-Do List for Rural Health Clinic Compliance” <i>Charles James, MBA, North American Healthcare Management Services, St. Louis, Missouri</i></p> <ul style="list-style-type: none"> • The various sources of RHC compliance regulations; • Review the annual requirements of RHC compliance; • Review your Annual ‘To-Do List’ for the facility and the RHC Policy and Procedure Manual; • Discuss the Annual Review and Program Evaluation. <p>This presentation will review requirements of an RHC compliance program. Participants will gain an understanding of the annual requirements that will help ensure that RHC regulations are met. The areas covered will be: facility requirements as stated in the RHC regulation, drug and biological storage, emergency equipment, staffing, employee in-services, policy and procedure review, the annual evaluation, executive committee participation, medical record review, and the State Operations Manual (RHC Inspector Guide).</p>
12:00 – 1:00 pm	Lunch – Sponsored by Universal American
1:00 – 2:00 pm	<p>“RHC/FQHC Issues” <i>Steve Rousso, Principal, MBA, MPA, HFS Consultants, Oakland, California</i></p>
2:00 – 2:15 pm	Networking Break – Coffee, Beverages, & Snacks
2:15 – 3:00 pm	<p>“Workforce Issues and Overview of HRSA Scholarship/Loan Repayment” <i>Gary Hlady, MD, Regional Medical Consultant, HRSA, San Francisco, California</i></p> <p>Both the American Recovery & Reinvestment Act (ARRA) of 2009 and more recent federal healthcare reform legislation greatly improve the potential for rural health clinics to recruit and retain healthcare professionals. Dr. Hlady will present an update on the National Health Services Corps (NHSC) and other programs available through the Health Resources and Services Administration (HRSA), followed by questions and answers. Participants will be able to describe the following aspects of federal healthcare scholarship and loan repayment programs:</p> <ul style="list-style-type: none"> • Eligibility Requirements • Benefits

	<ul style="list-style-type: none"> • Employer Responsibilities • Limitations
3:00 – 4:00 pm	<p>“Quality Assessment and Performance Improvement (QAPI)” <u>Debbie Grice, RN, BSN, MPA</u>, Director of Clinical Quality <u>Mary Jane Dunn, RN, BSN</u>, Quality Coordinator <i>Central Valley General Hospital, Hanford, California</i></p> <ul style="list-style-type: none"> • Participants will understand the federal requirements for performance improvement in a rural health clinic setting • Participants will have a working knowledge of how to develop a QAPI project. • Participants will understand how to implement performance improvement strategies to create sustainable change.
4:00 – 5:00 pm	<p>“Credentialing” <u>Charles James, MBA</u>, North American Healthcare Management Services, St. Louis, Missouri</p> <p>This presentation will discuss the various provider enrollment systems and the way they interact with one another. Participants will gain an understanding of the differences between Medicare Part A, Medicare Part B, and commercial insurance provider enrollment processes. We will also discuss considerations particular to mid-level provider enrollment. Particular emphasis will be placed on how enrollment affects billing. This session is meant to be an overview of these systems and their effect on billing.</p>

Thursday, October 21, 2010	
7:00 – 8:00 am	Registration – Light Breakfast, Coffee & Beverages
8:00 – 8:15 am	<p>“Welcome and Conference Overview” <u>Wm. John Gill, PA</u>, President, Pioneer Medical Center, Wauchula, Florida</p>
8:15 – 9:30 am	<p>“Legislative Update” <u>Bill Finerfrock</u>, Executive Director, NARHC, Washington, DC</p>
9:30– 9:45 am	Networking Break – Coffee & Beverages
9:45 – 11:00 am	<p>“EHR Implementation Panel” <u>BethAnn Perkins, RN</u>, Principal, Health Consulting Strategies, Grand Ledge, Michigan <u>Joanie Perkins</u>, Director Network Development, North Sunflower Medical Center, Ruleville, Mississippi <u>Roxanne Schottel</u>, Clinic Manager, Clay Center Family Physicians, Clay Center, Kansas <u>Ken Watson, MBA</u>, Director of Clinic Services, Kimball Health Services, Kimball, Nebraska</p>

11 :00 -12 :00 pm

Breakout Sessions

“Advanced Billing”

Charles James, MBA, North American Healthcare Management Services, St. Louis, Missouri

- A discussion of bundling incident-to services with encounters to revisit what should be bundled, what should be billed and what should never be billed to Medicare Part B fee-for-service;
- Rural Health Clinic Services vs. Non-RHC services – what services should be bundled, what services can be billed to fee-for-service, and what services should not be billed;
- Main differences between Independent and Provider-Based billing;
- Carve Outs – The participant will gain an understanding of the various types of carve-outs focusing on How-to and How-NOT to carve out them out;
- Preventive Services vs. Routine Services – This presentation will discuss when it is appropriate to submit claims for preventive services. We will also differentiate between preventive and routine services and the differences in how to bill them;
- Direct Data Entry System. This section will familiarize participants with the mechanism for getting common ‘problem claims’ submitted and paid. We will also discuss the tools available on the DDE (FISS) system

“Health Care Home”

Mick Stokes, Reimbursement Specialist, Lakewood Health System, Staples, Minnesota

- The Patient and the provider as partners
- How to use Health Care Home to improve care
- How do have providers work at the top of their license
- How to encompass individual care management into your practice
- Must haves for a successful program
- Steps to certification, coding and payments
- Team concepts for maintaining optimal health
- Taking registries to the level of evidence based care assurance
- Tailoring Practice capabilities to patient needs
- Setting the stage for patient portals.

12:00 – 1:00 pm

Lunch – Provided

1:00 – 2:00 pm

Breakout Sessions

“Advanced Cost Reporting”

Jeff Bramschreiber and Jeff Johnson, Wipfli, LLP, Green Bay, Wisconsin

This session will cover advanced topics related to the Medicare rural health clinic cost report. Included will be several real-life case examples of common cost reporting inaccuracies and opportunities for improvement. At the conclusion of this session, participants will understand the cost report implication of:

- Accounting for non-RHC activities and “carve-outs”
- Accumulating encounter statistics
- Application of provider productivity standards
- Claiming reimbursement for Medicare bad debts
- Allocating hospital shared costs to the Rural Health Clinic
- Various operational strategies designed to expand clinic services

	<p>"340B " <u>TBA</u></p>
2:00 – 2:15 pm	Networking Break – Coffee & Beverages
2:15 – 3:00 pm	<p>" How to Prepare Your Cost Report " <u>Julie Quinn, CPA</u>, Vice President of Cost Reporting and Provider Education, Health Services Associates, Ringgold, Georgia</p>
3 :00 – 4 :00 pm	<p>"CMS Update" <u>Neal Logue</u>, Health Insurance Specialist, CMS, San Francisco, California Mr. Logue’s presentation will address Medicare’s guidelines for RHCs, provider enrollment, the Recovery Audit Contractor (RAC) program, A/B MAC implementation, and policy updates.</p>
4 :00 – 5 :00 pm	<p>"MAC Discussion Panel" All MAC’s have been invited.</p> <ul style="list-style-type: none"> • Changes in process since implementation of MAC. • Address specific issues related to billing both Part A & B methods. • Identify point of contact for RHC’s.
5 :00 – 5:30 pm	<p>"Ask the Expert" Moderators: <u>Ron Nelson and Wm. John Gill</u> There will be a variety of speakers to ask YOUR questions to. We do ask you to submit your questions ahead of time to help efficiently use this time.</p>

Friday, October 22, 2010	
7:00 – 8:00 am	Light Breakfast, Coffee & Beverages
8:00 – 9:00 a	<p>"NARHC Annual Meeting"</p> <ul style="list-style-type: none"> • Past year accomplishments • Goals for 2011 • Financial Report • Elections • Welcome New Board Members
9:00 – 10:00 am	<p>"The Meaningful Use of Electronic Health Records" <u>Michael McNeely</u>, Technical Assistance Coordinator, HRSA, Rockville, Maryland</p> <ul style="list-style-type: none"> • Overview of meaningful use criteria • Opportunities for funding EHR implementation • Identify resources for assistance
10:00 – 10:15 am	Networking Break – Coffee & Beverages
10:15 – 11:00 am	<p>"The Meaningful Use of Electronic Health Records" <i>Question and Answer Session</i></p>
11:00 – 12:00pm	<p>"RHCs Nationwide and What Impacts Their Performance" <u>Judith Ortiz, Ph.D.</u>, Research Associate, University of Central Florida, Orlando, Florida</p> <ul style="list-style-type: none"> • Describe and summarize the characteristics of RHCs nationwide • Understand factors that impact RHC performance based on data analyses • Understand factors that impact RHC performance from the perspective of RHC management nationwide