

PRECONFERENCE - WEDNESDAY, OCTOBER 26, 2011

	Breakfast <i>(on your own)</i>
7:30 – 8:30 am	Registration
8:00 – 5:00 pm	CONFERENCE VENDORS (Wed. & Thurs. only)
8:30 – 8:45 am	History of the RHC Program <i>Jim Estes, NARHC Treasurer/Secretary, Owner/Consultant, Healthcare Horizons, Bartlesville, OK</i>
8:45 – 9:45 am	Survey and Certification <i>Loretta Fitzpatrick, CEO/Owner, PMAC, Inc., Powder Springs, GA</i> Topic covers everything you need to know to prepare for survey and certification. Participants will learn... <ul style="list-style-type: none"> • How to prepare for survey • What happens when you receive a deficiency • What happens on the day of survey • What's next
9:45 – 10:30 am	Policy and Procedure Manual Requirements <i>Robin Veltkamp, VP, Medical Practice Compliance & Consulting, Health Services Associates, Inc., Fremont, MI</i> This session will review the key components required for a RHC policy/procedure manual as well as structure format suggestions and implementation of the required manual. <ul style="list-style-type: none"> • To understand the key components required in the policy/procedure manual • To understand the yearly review, provider involvement and implementation of policies. • To understand the necessity of staff comprehension and utilization of the procedure manual • What the surveyors look for in the manual
10:30 – 11:00 am	Networking Break
11:00 – 12:00 pm	Performance Measures – Taking Quality to the Next Step <i>BethAnn Perkins, RN, Principal, Health Consulting Strategies, Inc., Grand Ledge, MI</i> This session will help participants develop Quality Improvement programs that are consistent with Healthy People 2020 Goals, Meaningful Use, and National Health Service Corp. requirements. The session will demonstrate how to establish a baseline for quality and how to benchmark improvement. <ul style="list-style-type: none"> • Participants will gain skills to establish relevant Clinical Quality Improvement tracking. • Participants will move beyond QAPI and into a continuous clinical improvement program. • Participants will be given the tools to implement meaningful use clinical tracking and improvement.
12:00 – 1:00 pm	Lunch <i>(on your own)</i>
1:00 – 2:00 pm	Basic Billing <i>Jim Estes, NARHC Treasurer/Secretary, Owner/Consultant, Healthcare Horizons, Bartlesville, OK</i> <ul style="list-style-type: none"> • Participants will learn how an RHC is paid differently from “normal” clinics, billing vs. charges • Participants will learn correct handling of supposedly free or reduced fee services. • Participants will learn RHC revenue codes, encounters, medical necessity vs. expediency • Participants will learn how to bill various services & if they are billable including: “incident to”, non-RHC services, allergy injections, dressing changes, lab tests, prescriptions, paperwork, routine & recurrent, disease management clinics, visits to lipid clinics, Coumadin, diabetes clinic visits, routine foot care, pain management & home visits, family consultation, diagnostic tests, nursing home, and 4 areas an RHC can bill Part B (non-RHC Medicare).
2:00 – 3:00 pm	Basic Cost Reporting <i>David James, CPA, North American Healthcare Management Services, St. Louis, Missouri</i> Participants will gain an understanding of the components & preparation of the RHC cost report, the requirement/necessity for submitting, & what clinic information needs to be compiled. Topics include: current changes in cost reporting, RHC cost report concepts, allowable & non-allowable costs, RHC visits, Pneumococcal/Flu reimbursement, Medicare Bad Debt, the approval process, compiling info. & CR tips. <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
3:00 – 3:30 pm	Networking Break
3:30 – 4:30 pm	Human Resources <i>Elsie Crawford, RN, BSN, MST, NARHC Board Member, VP Operations/DON, Wilkens Medical Group, Jellico, TN</i> People are a company's most important & valuable resource. There must be policies in place to locate, evaluate, acquire, discipline & maintain this resource. Employees, like many other assets, increase in value with time & experience. We will discuss advertising, evaluating, hiring, disciplining & maintaining employees. <ul style="list-style-type: none"> • How to advertise for an employee (what should be included in the posting) • How to conduct a proper interview with a potential employee, what questions to ask and not ask • Evaluations: When and how to evaluate an employee • Dealing with a difficult employee, define “difficult”, discipline an employee & terminate if needed • What information should be in an employee record, how to maintain & assure records are secure.

THURSDAY, OCTOBER 27, 2011

	Breakfast <i>(on your own)</i>
8:00 – 8:30 am	Registration <i>(for those who didn't register Wednesday)</i>
8:00 – 5:00 pm	CONFERENCE VENDORS (Wed. & Thurs. only)
8:30 – 8:45 am	Welcome and Conference Overview <i>Wm. John Gill, PA, President, NARHC, Wauchula, Florida</i>
8:45 – 10:00 am	Legislative Update <i>Bill Finerfrock, Executive Director, NARHC, Washington, DC</i>
10:00 – 10:30 am	Networking Break
10:30 – 11:00 am	HPSA/MUP Negotiated Rulemaking Update <i>Gail Nickerson, NARHC Vice-President, Director of Clinic Services, Adventist Health, Roseville, CA</i> Following two failed attempts to revise the methods of determining health shortage areas through proposed rules, there has been a national convening of stakeholders and technical experts to work on developing a consensus. This session will be a report on that process and what came out of it. <ul style="list-style-type: none"> • Participants will become familiar with methodologies of determining health shortage areas. • Participants will learn the details of the HPSA/MUP negotiated rulemaking process. • Participants will know the outcome of the process.
11:00 – 12:00 pm	Breakout Sessions (your choice) 1) Advanced Cost Reporting <i>Jeff Bramschreiber, Partner, Wipfli, LLP, Gr. Bay, WI & Jeff Johnson, CPA/Partner, Wipfli, Minneapolis, MN</i> 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: <ul style="list-style-type: none"> • Accounting for non-RHC activities and “carve-outs” • Accumulating encounter statistics • Impact of provider productivity standards and importance of accurately accounting for provider FTEs • Claiming reimbursement for Medicare bad debts • Allocating hospital shared costs to the Rural Health Clinic 2) CPT Coding for the Common RHC Procedures <i>Janet Lytton, RHIT, Director of Reimbursement, Consultant, Rural Health Development, Cambridge, NE</i> <ul style="list-style-type: none"> • Participants will assure all procedures are billed accurately • Participants will assure Clinic is not missing any billable procedures • Participants will assure Clinic is split coding/billing some procedures
12:00 – 1:00 pm	Lunch <i>(provided)</i>
1:00 – 2:00 pm	Breakout Sessions (your choice) 1) Advanced Billing <i>Charles James, MBA, North American Healthcare Management Services, St. Louis, MO</i> This presentation will review various advanced concepts of RHC billing. Participants will learn... <ul style="list-style-type: none"> • How to bill minor surgical procedures and Injections in the Rural Health Clinic. • About “carve outs” and discuss carving out various types of services in the RHC. • About billing preventive services and differentiating between preventive and routine services. • About mental health billing and payments in an RHC and how to calculate payment limitations. • Medicare as secondary payer requirements and claim resources will be discussed. 2) Preparing for Grant & Other Collaborative Opportunities <i>Marian Weber, BSN, MAOM, CPME, Principal, Health Consulting Strategies, Inc., Grand Ledge, MI</i> This session will review grant and collaborative opportunities available to the RHC participant. In addition, several existing successful collaborative networks will be highlighted and the consistent key components found in all that have led to their success. <ul style="list-style-type: none"> • Participants will learn of existing opportunities for collaboration currently available through the Office of Rural Health Policy (ORHP), Humans Resource Service Administration (HRSA) & private foundations • Participants will understand the key components needed for successful collaboration • Participants will be given strategies to improve success in applying for grant opportunities • Participants will learn of additional opportunities to expand services to the population in their service area (best practices, models that work)

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2:00 – 3:00pm	Clinical Integration Beyond the Basics Janet Lytton, RHIT, Director of Reimbursement, Consultant, Rural Health Development, Cambridge, NE <ul style="list-style-type: none"> Participant will understand what services are required of the RHC Participant will understand what services can be added without being part of the RHC Participant will understand what services can be added that may serve beneficial to the RHC
3:00 – 3:30pm	Networking Break
3:30 – 4:45 pm	MAC Discussion Panel Reps from the Cahaba, Palmetto, Trailblazer, and/or FCSO will address these questions and other FAQs: <ul style="list-style-type: none"> Telehealth – An RHC is an originating site & provides distant telehealth site services on a contracted basis, can distant site services be billed as RHC encounters under the originating site RHC billing provider no.? In other words, the RHC pays the distant site for the contracted services of the health professional located at the distant site. Can contracted services then be billed as an RHC encounter? Billing Admissions – If an RHC provider has a face-to-face encounter with a patient in the office, and then later admits the patient to the hospital (and separately documents this service), can the clinic bill both the RHC encounter (to Part A) and the hospital inpatient admission (to Part B)? Group Therapy – Is group therapy a covered RHC service if provided by a qualified RHC provider of behavioral health services (CSW, CP, etc.)? If this is covered, is a group visit a billable RHC encounter?

FRIDAY, OCTOBER 28, 2011

	Breakfast (<i>on your own</i>)
8:00 – 4:00 pm	EHR VENDORS (Fri. only)
8:00 – 8:45 am	NARHC Annual Meeting <ul style="list-style-type: none"> Past year accomplishments Goals for 2012 Financial Report Elections Welcome New Board Members
8:45 – 9:45 am	How to Collect Medicare Bad Debt on the Cost Report <i>Julie Quinn, Vice-President of Cost Reporting and Provider Education, Health Service Associates, Ringgold, GA</i> Reimbursement for Medicare bad debts will be discussed, including what to include on the log and how to pass an audit. <ul style="list-style-type: none"> What should & should NOT be included on the Medicare bad debt log When to write off a Medicare bad debt Why you get negative remittance advices and how this relates to Medicare bad debts Audit documentation Collection Policy: what should & should NOT be included
9:45 – 10:00 am	Networking Break
10:00 – 11:00 am	Electronic Health Records 101: How to Get Started <i>Travis Broome, MPH, MBA, Health Insurance Specialist, CMS, Dallas, Texas</i> Understanding what certification means for selecting an EHR, how to meet meaningful use and earn the Medicare or Medicaid EHR incentives. <ul style="list-style-type: none"> Understand what certification does and does not guarantee when it comes to EHRs Know the meaningful use criteria and how to demonstrate them Understand the incentives that are available
11:00 – 12:00 pm	EHR Selection and Implementation on a Budget <i>Janice S. Ahlstrom, RN, CPHIMS, FHIMSS, Partner, Wipfli LLP, Milwaukee, WI</i> Pitfalls of implementing an EMR can be related to complex technology, organizational, process, or people issues. Real life examples will demonstrate how to successfully implement an EMR & minimize risks. From the readiness assessment, vendor selection, clinician adoption approach, system configuration, training & implementation/support, participants will learn key strategies to optimize EMR efforts & curtail obstacles. <ul style="list-style-type: none"> Understand the key phases of an EMR system implementation life cycle. Identify strategies and success factors for the key phases of EMR implementation. Discuss common obstacles in EMR implementation and how to avoid them. Share lessons learned from EMR implementations.
12:00 – 1:00 pm	Box Lunch (<i>provided</i>)
8:00 am – 4:00 pm (1-Day Only!)	Electronic Health Record Vendor Fair PRIZES: Multiple drawings will be held from 1:00-4:00 pm for \$50+ prizes. Must be present to win. Contrast and compare EHR vendors. We invited the vendors you requested on List Serve. All vendors have worked with RHCs. Vendors are available at their tables from 8:00 am to 4:00 pm.