

# Rural Health Clinics

## Bi-Monthly Meeting

Presented by: Erin Johnson

May 5, 2022



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Policy & Financing

# Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado



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# Bi-Monthly Rural Health Clinic Meetings

**Today's Meeting: 12:30 - 1:30 P.M.**

**Next Meeting: Thursday July 7, 2022  
12:30 - 1:30 P.M.**

**Webinar Link:**

<https://zoom.us/j/93165012998?pwd=b2Y1QTN0SG16WGc5TkUrWmZGamd1QT09>

**Conference Line: 833-548-0282**

**Meeting ID: 931 6501 2998**

**Passcode: 180888**



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# Agenda

- General Information
- Change in Scope Applications
- RHC Reconciliations
- Freestanding RHC Initial Rates



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# 2022 Meeting Dates

## Rural Health Clinic Bi-Monthly Meeting Schedule

Date	Time
1/31/2022	12:30 pm - 1:30 pm
3/10/2022	12:30 pm - 1:30 pm
5/5/2022	12:30 pm - 1:30 pm
7/7/2022	12:30 pm - 1:30 pm
9/8/2022	12:30 pm - 1:30 pm
11/3/2022	12:30 pm - 1:30 pm



# New RHC Forms Site!

- Link: <https://hcpf.colorado.gov/rural-health-clinic-forms>

## Rural Health Clinic Forms

### Scope-of-Service Rate Adjustments

- [Scope-of-Service Rate Adjustment Instructions](#)
- [Scope-of-Service Rate Adjustment Application](#)

### Managed Care Accuracy Audit Reports - for RHCs

- [MCAAR RHC Instructions](#)
- [MCAAR RHC Data Section](#)
- [MCAAR RHC Attestation Statement](#)

### Managed Care Accuracy Audit Reports - for MCEs

- [MCAAR MCE Instructions](#)
- [MCAAR MCE Data Section](#)
- [MCAAR MCE Attestation Statement](#)



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# Managed Care Accuracy Audit Report

- Data Section and Attestation Statements for January - March 2021 were due March 31, 2022
- Next reports for April - June 2021 due June 30, 2022
- HCPF will process data received and send out reconciliation requests soon
  - Afterwards - will send out letters with amounts due



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# PPS Change in Scope

- Applications due by May 31, 2022
- Email [ErinK.Johnson@state.co.us](mailto:ErinK.Johnson@state.co.us) for application
- Submit application if your RHC had added or deleted a new service in 2021 (telemedicine, dental, etc.)
- Instructions and applications are on the RHC site



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**Rural Health Clinic**  
**Application for Scope-of-Service Rate Adjustment**  
**Application Form and Attestation Statement**

**RHC Information:**

RHC Name: \_\_\_\_\_

RHC Fiscal Year End: \_\_\_\_\_

RHC Number(s) Affected: \_\_\_\_\_

Date(s) of Change(s) in Scope of Service: \_\_\_\_\_

**Information on the Change(s) in Scope of Service:**

Please select the change(s) in scope of service below that corresponds most directly with the change(s) in scope of service at your RHC:

- The addition of a new service not incorporated in the baseline PPS rate, or deletion of a service incorporated in the baseline PPS rate;
- The addition or deletion of a covered Medicaid service under the State Plan;
- Changes necessary to maintain compliance with amended state or federal regulations or regulatory requirements;
- Changes in service due to a change in applicable technology and/or medical practices utilized by the RHC;
- Changes resulting from the changes in types of patients served, including, but not limited to, populations with HIV/AIDS, populations with other chronic diseases, or homeless, elderly, migrant, or other special populations that require more intensive and frequent care;
- Changes resulting from a change in the provider mix, including, but not limited to:
  - A transition from mid-level providers (e.g. nurse practitioners) to physicians with a corresponding change in the services provided by the RHC;
  - The addition or removal of specialty providers (e.g. pediatric, geriatric, or obstetric specialists) with a corresponding change in the services provided by the RHC (e.g. delivery services);

HCPF Use Only  
Report Submission Date: \_\_\_\_\_





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- Indirect medical education adjustments and a direct graduate medical education payment that reflects the costs of providing teaching services to interns and/or residents; or
- Changes in operating costs attributable to capital expenditures (including new, expanded, or renovated service facilities), regulatory compliance measures, or changes in technology or medical practices at the RHC, provided that those expenditures result in a change in the services provided by the RHC.

For a list of items that do not prompt a scope-of-service rate adjustment, please see the Scope-of-Service Rate Adjustment Application instructions. Please provide a brief narrative description of the change(s) in scope of service checked above, including how services were provided both before and after the change(s): \_\_\_\_\_

Attach the following required items to your Application Form and Attestation Statement:

- Cost reports and/or other detailed documentation that substantiate the change in the scope of services

Describe any other documentation attached: \_\_\_\_\_

Other notes/comments: \_\_\_\_\_

**Attestation by Officer or Administrator of the RHC:**

I, the undersigned, hereby certify under penalty of perjury that as an official of the subject facility I am duly authorized to sign this attestation, and that to the best of my informed knowledge and belief the statements made herein and the documents attached hereto are accurate, true, and complete in all material aspects.

I understand that the Colorado Department of Health Care Policy and Financing is relying upon this application as part of its process to adjust the RHC Prospective Payment System per-visit encounter rate in a manner that adheres to Section 702(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) included in the Consolidated Appropriations Act of 2000, Public Law 106 – 554; and that should it be determined that this attestation is materially false, incomplete, or incorrect, or that it includes incorrect, false, or misleading information, appropriate enforcement action will be taken.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Report Submission Date: \_\_\_\_\_

*RHC CIS version 2020-01-01*



# PPS Change in Scope

- Examples of acceptable changes
  - Addition of telehealth/telemedicine services
  - Addition of psychiatry services
  - Average medical visit increased in intensity due to new team-based care approach
  - The deletion of any service previously offered

**\*\* The change must exist for at least 6 months of your fiscal year \*\***



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# Hospital-Based Reconciliations

- 2022 RHC Reconciliations for hospital-based RHCs have been finalized
- Letters were sent to providers on April 13<sup>th</sup>
- 30 days to submit informal reconsideration, appeal, payment plan request
- Once the 30-day window has expired, payments will be sent out and recoupments will be set up



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# Freestanding RHC Rates

- Stakeholder interest in new rate setting methodology for new freestanding RHCs
- Potentially use Medicare cost reports or interim cost reports to set initial PPS rates
- Any thoughts?



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# RHC Meeting Site

- <https://hcpf.colorado.gov/rural-hospital-and-rural-health-clinics>



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# Other Topics?

We want to hear from you!



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# Questions?



# Contact Info

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# Thank you!



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