



SOUTH CAROLINA OFFICE OF
RURAL HEALTH

Investment. Opportunity. Health.

Improving Quality Reporting in
Provider-Based RHCs

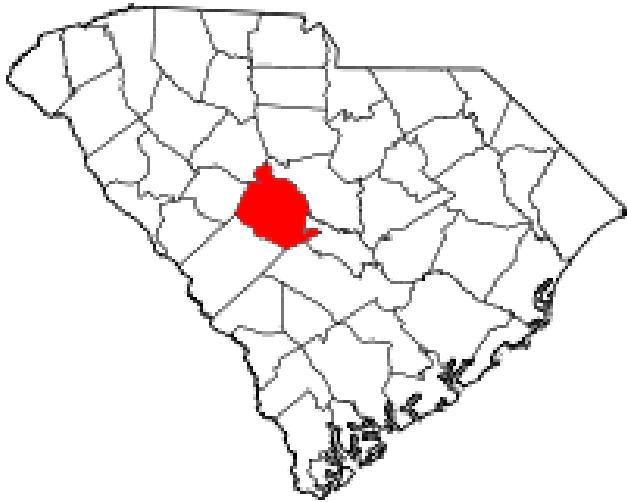
Dr. Greg Barabell and Sarah Craig

Webinar Series - Agenda

- Part 1 – Today's Discussion
 - Global theme today - Why Quality???
 - SHIP Competing Continuation
 - SCORH SHIP Activities
 - SC RHC Programs
 - Health Care Terminology Overview
 - Provider Based RHC Overview
- Part 2 - November 20th 2018 @ 3pm EST
 - Quality Improvement Overview
 - Quality Improvement Metrics
 - Quality Improvement Methodology

South Carolina Office of Rural Health

- Established in 1991
- 501(c)3 Not-For-Profit Corporation
- ~45 FTEs
- Located in Lexington County



SCORH Snapshot

Provider Services

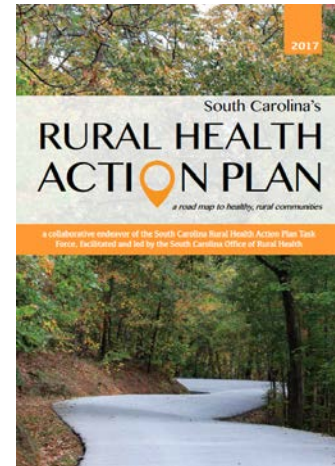
- **Center for Practice Transformation**
- Rural Hospital and Health System Consultation
- Revolving Loan Fund
- Rural Provider Recruitment and Retention
- **Rural Veterans Health Initiatives**
- **Rural Health Clinic Services**
- Rural Emergency Services Consultation
- **Rural Oral Health Initiatives**
- **Quality Payment Program Consultation**
- Preferred Partners

Community Initiatives

- Blueprint for Health
- Family Solutions of the Low Country
- Healthy People Healthy Carolinas
- **Rural Health Network Development**

Rural Health Action Plan (RHAP)

- 5 Areas of Focus
- 15 recommendations
- 50+ Action Steps
- Intended to spur progress over the next 3-5 years



History of SHIP

- Authorized by the Balance Budget Act of 1997 to help small rural hospitals implement **data systems** required by the Medicare Prospective Payment System
- Subsequent SHIP legislative provisions allowed for support towards **value-based purchasing, ACO development, purchasing health information technology, equipment, training to comply with meaningful use, ICD-10 standards, and payment bundling**
- FY 2019 – Competing Continuation
 - “ supports eligible hospitals in meeting value-based payment and care goals for their respective organizations, through purchasing of hardware, software and training”. Also, supports ACO development to participate in shared savings programs, to purchase health information technology, equipment and/or training to comply with quality improvement activities; such as, advancing patient care information, promoting interoperability and payment bundling.

FY 19 Purchasing Menu

- Value-based Purchasing Investment Activities
 - D. Provider Based Clinic Quality Measures Education
 - E. Alternative Payment Model and Merit-Based Incentive Payment training/education
- Accountable Care Organization (ACO) or Shared Savings Investment Activities
 - D. Efficiency or quality improvement training in support of ACO or shared savings related initiatives
- Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities
 - ICD – 10 training
 - Efficiency or quality improvement training in support of PB or PPS related activities

Snapshot of SHIP activities across the US

Investment Category	Total Number of Hospitals that Chose Activity in Investment Category
VBP: Quality Reporting	419
VBP: Efficiency or QI Training	532
VBP: PB-Clinical Quality Measures Education	237
VBP: Alternative Payment Models and MIPS Training	149
PB/PPS: Efficiency or QI Training	200
Grant and Funding Information: Is hospital pooling SHIP funds w/ other hospitals in a network or consortium?	411

Snapshot of SHIP activities across the US (by State)

State	Total Number of Hospitals that Selected PB-RHC Clinical Quality Measures Investment Category
Georgia	14
Iowa	28
Indiana	30
Kansas	12
Michigan	11
Minnesota	13
Missouri	10
Nebraska	13
Washington	12

SC SHIP Program

- Prospective Payment System (PPS) and Payment Bundling Investment Activities
- 12 SHIP Hospitals; 5 are CAHs
- All funds pooled into SC SHIP Network
- FY17 Activities included:
 - ICD-10/DRG Payment Workshop
 - Certified Revenue Cycle Analyst Training
 - Charge Description Master Class
 - Evaluation and Management Audit workshop
 - Current Procedural Terminology workshop
 - ICD-10 Billing and Coding class

SC Rural Health Clinics

- ~ 90 RHCs; 2/3 are owned by hospitals
- Rural Health Clinic Services
 - Shannon Chamber, Director of Provider Solutions
 - Coordinate, sponsor and provide educational workshops
 - Provide On-site visits, webinars and conference calls to assist in billing, coding and programmatic issues
 - Assist in conversion to an RHC from initial application to final approval from CMS (855s, mock survey walkthroughs, policy and procedure manuals)

Center for Practice Transformation

- Michele Stanek, Director of the C4PT
 - Supports RHCs and other rural providers in developing medical homes and pursuing practice improvement
 - Currently working with 50+ RHCs or other rural primary care providers on PCMH development, quality measurement or practice improvement
 - Support provided through:
 - Practice facilitation (Quality Improvement Coaches)
 - Technical assistance
 - Monthly webinars
 - Face-to-face meetings
 - Shared learning platform
 - Engagement with policymakers and payers
 - Medical Director engagement

Quality Payment Program (QPP)

- Subcontract from Alliant (QIO) to be the SURS (Small, Underserved & Rural) QPP contractor for South Carolina
- Provide education, support and technical assistance to practices with 15 or fewer eligible clinicians
- 5-year program; renewed annually
- Required “engagement” with ~2,700 clinicians in South Carolina
- Documentation of all interactions in CMS approved system.

Other SC RHC Programs

- Primary Care Access and Stability Program
- SC Department of Health and Environmental Control (DHEC) Best Chance Network/WiseWoman
- SC DHEC Chronic Disease
- MOrE Care Collaborative
- Meaningful Use and SCHIEx
- Choose Well Initiative
- SC Rural Access to Veterans Health Resources
- New Morning Foundation: Expanding Contraceptive Care to Uninsured/Underinsured Patients in Rural Health Practices

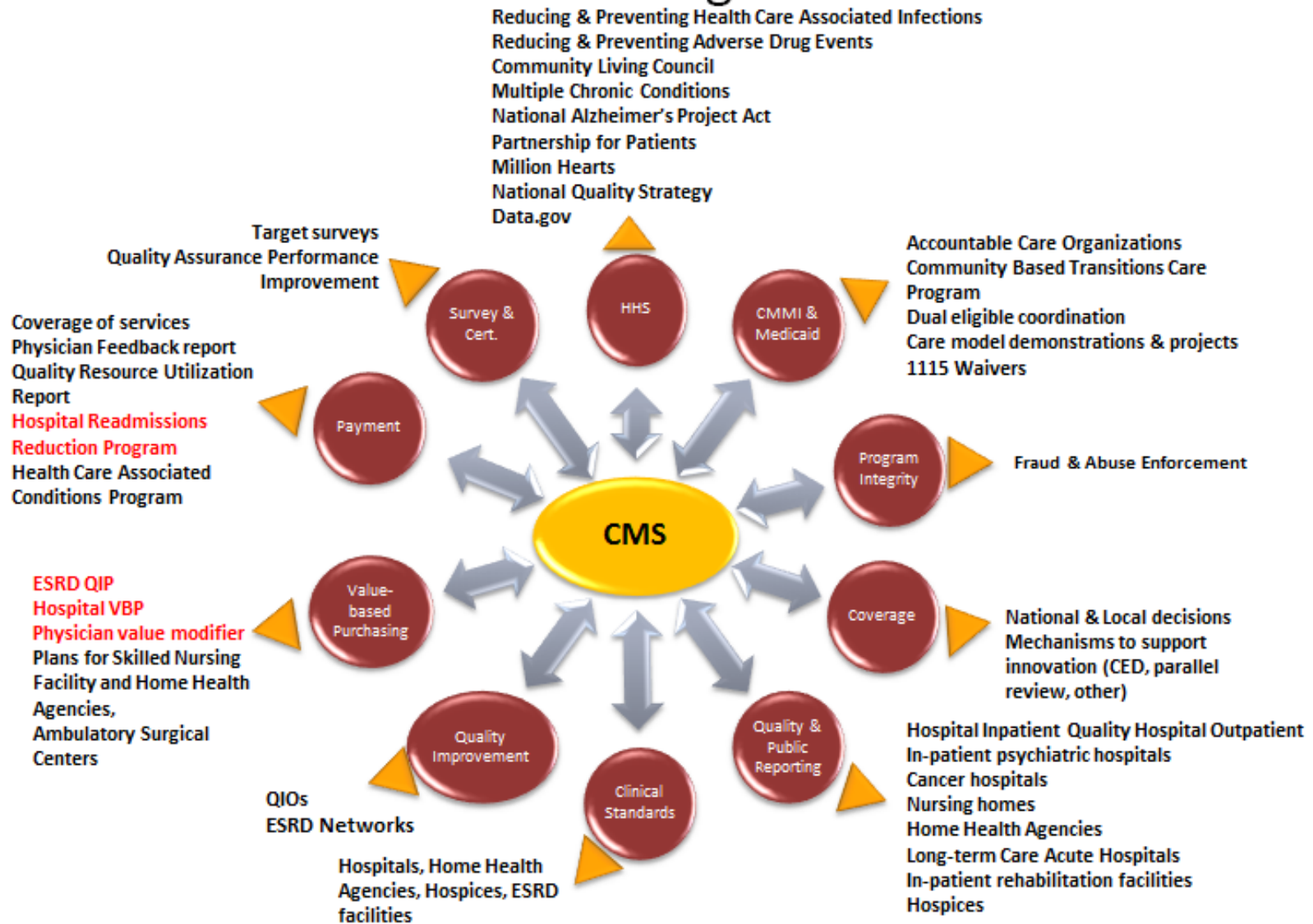
Others are doing it well also!

- Michigan Center for Rural Health
 - Rural Health Clinic Quality Network (initiative started in 2011)
 - To measure and improve the quality of care in Michigan RHCs
 - Quarterly Meetings
 - Standing Agenda Items: Quality Health Indicators (QHI) and Practice Operations National Database (POND)
 - 75 Clinics are enrolled and reporting
- Other SORHs

Health Care Terminology

- Value-Based Purchasing
 - Linking provider payments to improved performance by health care providers.
 - Health care providers accountable for both the cost and quality of care they provide.
 - It attempts to reduce inappropriate care and to identify and reward the best-performing providers.
- Shared Savings
 - Links additional provider payment to cost savings achieved through joint partnerships
- At Risk
 - Links additional provider payment to cost savings but also penalizes providers for costs over budget at a percentage of the total additional Cost

CMS Authorized Programs & Activities



Provider Based RHC

- Created or acquired by a main provider for the purpose of furnishing provider for the purpose of furnishing health care services of a different health care services of a different type from those of the main provider type from those of the main provider under the name, ownership, and under the name, ownership, and administrative and financial control administrative and financial control of the main provider. of the main provider.
- Includes both the specific physical Includes both the specific physical facility and the personnel and facility and the personnel and equipment needed to deliver the equipment needed to deliver the services at that facility. services at that facility

Provider Based RHC, Continued

- Requirements for all provider-based entities:
 - Operate under the same license as the main provider, unless:
 - Entity can be licensed separately
 - State requires separate license, or does not allow the entity to be included under hospital's license
 - Share integrated clinical services

Integrated Clinical Services

- Medical staff has privileges at main provider
- Clinical oversight is the same as for all other clinical departments of main provider
- Medical records “integrated into a unified retrieval system (or cross-reference) of the main provider.”

Provider-Based RHC - Billing

- RHC Services are submitted on a CMS-UB04 claim form
- Rural Health Clinic claims are administered by Medicare Part A but submitted under Part B (Physician Service) benefit, using the structure of Medicare Part A.

Encounter Revenue Codes	Non-Encounter Revenue Codes
0521- Clinic visit	0250 – Pharmacy (i.e. compound)
0522- Home visit by RHC provider	0636 – Injection/Immunization
0524- Part A SNF Visit by RHC provider	0780 – Telehealth
0525- Non-SNF Visit by RHC Provider	0900 – Behavioral Health
0527 Visiting Nurse in HH shortage area	
0528 – Non-RHC Site by RHC (scene of an accident)	

Provider-Based RHC – Hospital Integration

- From the system quality improvement and systems integration standpoint, RHCs play the same roll as non-RHC service providers for overall system success
- Held to same internal organizational goals and contribute to improvement in all private and public insurer contracted savings programs

SOUTH CAROLINA OFFICE OF
RURAL HEALTH

Investment. Opportunity. Health.



CONTACT US

Greg Barabell, MD | CPC, FAAP

greg.barabell@clearbellsolutions.com

Sarah Craig, MHA

Craig@scorh.net

Social:

 @SCORH
 @scruralhealth
 @scruralhealth

Website:

scorh.net

Address:

107 Saluda Pointe Drive
Lexington, SC 29072

Phone:

803-454-3850

Text SCRURALHEALTH to 66866 to subscribe to our “Rural Focus” newsletter!