

PROVIDER REQUIREMENTS

Location

An RHC must be located in an area defined by the United States Department of Commerce, Census Bureau as non-urbanized. The Census Bureau defines a non-urbanized area as an area outside an urbanized area with a densely settled territory that contains 50,000 or more people.

Shortage Area Designation

A practice is eligible for initial RHC certification if it is located in an area “currently” designated as a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA). The shortage area designation cannot be more than 3 years old to be considered current.

In order for RHCs to be eligible for HPSA facility designation, the clinic shall:

- Not deny requested health care services, and shall not discriminate in the provision of services to an individual who is unable to pay for services or whose services are paid by the Medicare, Medicaid, or Children’s Health Insurance Program,
- Prepare a schedule of fees consistent with locally prevailing rates or charges,
- Prepare a corresponding schedule of discounts (including waivers) to be applied to such fees or payments, with adjustments made on the basis of the patient’s ability to pay,
- Make every reasonable effort to secure from patients the fees and payments for services, and fees should be sufficiently discounted in accordance with the established schedule of discounts,
- Enter into agreements with the State Medicaid agency to ensure coverage of beneficiaries, and
- Take reasonable and appropriate steps to collect all payments due for services.

Staffing

An RHC is required to employ a mid-level provider such as a nurse practitioner or physician assistant at least 50 percent of the time the practice is open to see patients.

Medicaid Enrollment Criteria

To be eligible for enrollment in the Louisiana Medicaid Program, the RHC must be an entity:

- Receiving certification for participation in the Medicare program,
- Receiving licensure/certification from the Department of Health and Hospitals' Health Standards Section,
- Complying with the Clinical Laboratory Improvement Amendment (CLIA) for all laboratory sites.

All practitioners providing patient services must be enrolled with the fiscal intermediary's (FI) provider enrollment unit and be linked to the RHC at the time of enrollment in order for the facility to receive reimbursement.

NOTE: The effective date of enrollment shall not be prior to the date of receipt of a completed enrollment packet.

Diabetes Self-Management Training

In order to receive Medicaid reimbursement for diabetes self-management training (DSMT) services, the RHC must have a DSMT program that meets the quality standards of one of the following accreditation organizations:

- The American Diabetes Association,
- The American Association of Diabetes Educators, or
- The Indian Health Service.

All DSMT programs must adhere to the national standards for diabetes self-management education. Each member of the instructional team must:

- Be a certified diabetes educator (CDE) certified by the National Certification Board for Diabetes Educators, or
- Have recent didactic and experiential preparation in education and diabetes management.

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At a minimum, the instructional team must consist of one of the following professionals who is a CDE:

- A registered dietician,
- A registered nurse, or
- A pharmacist.

All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

Satellite Clinics

Satellite clinics must enter into a separate provider agreement from the parent center and obtain its own provider number for billing and reimbursement purposes.

Mobile Clinics

An RHC is prohibited from enrolling a mobile clinic in the Louisiana Medicaid program. Services rendered at the mobile clinic must be billed using the stationary clinic's provider number.

NOTE: All mobile clinics must be HRSA approved facilities.

Out of State RHCs in Trade Areas

An RHC located in the trade areas designated by the Department that wishes to enroll in the Louisiana Medicaid program, must meet the provider enrollment requirements of an RHC located in Louisiana and include a letter from the RHCs home state verifying its reimbursement rate.

Change in Ownership

When there is a change in ownership, Medicaid must be notified within 30 calendar days of the date of the RHC ownership change. The new owner is required to enter into a new provider agreement with the Louisiana Medicaid program. Failure to enter into a new provider agreement

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following a change in ownership will result in the clinic's termination as a Louisiana Medicaid provider.

Cost Reports

RHCs are required to file an annual cost report with appropriate addenda within five months of the clinic's fiscal year end. Failure to submit cost reports by the due date may result in Medicaid payments being suspended. (See Appendix A for contact information)

Medicare Certification

RHCs are required to submit proof on an annual basis of Medicare certification as a RHC. Failure to submit the annual certification may result in disenrollment or payments being suspended.