

November 29, 2011

The Honorable Bobby Schilling  
U. S. House  
507 Cannon House Office Building  
Washington, D.C. 20515

Dear Representative Schilling:

On behalf of the Quincy Medical Group, its 130 providers and 12 Rural Health Clinic (RHC) locations, I am writing to ask for your support and co-sponsorship of HR 3458. In addition I would ask that you reach out to House leadership and ask for the inclusion of HR 3458 in year-end Medicare legislation to fix/patch the SGR.

HR 3458 will serve to correct an error that is currently preventing RHC's from being eligible for electronic health record incentive payments through the Medicare program. By making this change it will help ensure seniors in rural areas can continue to rely on their local doctors for quality health care using up-to-date technology while keeping the cost of receiving care affordable. Without this change, the cost for rural clinics will increase as the demand for their health care services grows. This revision will allow rural health clinics to operate under the same guidelines as other hospitals and health care clinics throughout the country. Making this technical correction and ensuring our ability to participate in the Medicare program's quality efforts, as Congress originally intended, is simply a matter of fundamental fairness. This legislation is critical for those living in rural America who depend on rural health clinics for their daily healthcare needs.

RHCs were created to address physician understaffing in rural areas and improve access to primary care services. RHCs use a team-based approach of physicians and midlevel medical providers, such as Nurse Practitioners and Physicians Assistants, to provide a variety of health care services. HR 3458 is a no-cost legislation that corrects current law so RHC providers can be eligible for electronic health record (EHR) incentive payments through the Medicare program. The Centers for Medicare and Medicaid (CMS) are the entity charged with the development of EHR meaningful user criteria. Their flawed methodology has led to RHCs becoming effectively excluded from the Medicare EHR incentive payments, despite the fact that they provide quality health care to Medicare beneficiaries in rural areas.

RHCs should not be discriminated against simply because they bill Medicare differently than hospitals or other health care practitioners who practice in rural areas. The last year an eligible provider can start participation in the Medicare EHR incentive program is 2014. Therefore, it is imperative for Congress to quickly level the playing field for RHCs.

Sincerely,

Aric R. Sharp

Chief Executive Officer  
Quincy Medical Group

