Washington Update
Louisiana Rural Health Conference

Nathan Baugh
NARHC
Allocations from the Federal Government

- **General Allocation** ($50 billion total)
  - Payment 1 – 6.2% of Medicare reimbursement in 2019
  - Payment 2 – 2% of 2018 net patient revenue MINUS payment 1

- **Rural distribution**
  - Independent RHCs $100,000 + 3.6% of operating expenses then multiplied by 1.03253231
  - Rural hospital distribution is even more complicated

- **RHC Testing**
  - Each RHC gets $49.5k

- **Medicaid/CHIP Allocation**
  - For those providers who did not receive anything from the general allocation

- **Phase 4 to include another round?**
  - Appears similar to “RHC Testing” round
How can we spend it?

- Look at terms and conditions

**Rural provider relief fund**
- “health care related expenses or lost revenues that are attributable to coronavirus”

**RHC Testing Money**
- Look at this FAQ for testing fund: [https://www.hrsa.gov/rural-health/coronavirus/frequently-asked-questions](https://www.hrsa.gov/rural-health/coronavirus/frequently-asked-questions)
- “COVID-19 testing and COVID-19 related expenses”
Cost Report and Tax Implications

- **Taxes**
  - Provider Relief Fund – Yes
  - Paycheck Protection Program – No

- **Cost reporting**
  - Question: Should SBA loan forgiveness amounts offset expenses on the Medicare cost report? **Answer: No.**
  - Question: Should PRF payments offset expenses on the Medicare cost report? **Answer: No,** providers should not adjust the expenses on the Medicare cost report based on PRF payments received.
RHC COVID-19 Testing Program Data Collection Requirement

- [www.RHCCovidreporting.com](http://www.RHCCovidreporting.com)
- Visit NARHC.org > Resources > TA Webinars for detailed walk through of this reporting requirement
- Data will be organized at the TIN-level
- RHCs and their parent organizations will want to have records of testing by month
- We would like the most accurate figures possible but estimates will be allowed
- You are not required to do COVID testing but you are required to use the funds for tests or testing related activities
RHC TA Community Centric Covid 19 Testing

We appreciate your time, consideration, and your service to our rural neighbors.

Resources provided to participating RHCs include:

- an individualized strategy to build collaboration
- resources to develop and implement a comprehensive, community centric COVID-19 testing program
- comprehensive tools to build RHC capacity
- customized, in-depth, remote technical assistance (TA) to
  - meet the needs of the RHC and community
  - grow operational and clinical viability
  - provide access to subject matter experts
- assistance with reporting requirements process

Contact us at rhccovidtestinginfo@nosorh.org for additional information!

Powered by NOSORH

National Association of Rural Health Clinics

Funded by: FORHP
• Provider Relief Fund Reporting is a different process
• More financial in nature
• Portal opens up in January
Telehealth Policy
<table>
<thead>
<tr>
<th>Name of Telehealth Service</th>
<th>Brief Description</th>
<th>How to bill</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In or Virtual Care Communications</td>
<td>Remote evaluation of a picture – G2010</td>
<td>G0071 Bill on UB-04 No modifier necessary Rev Code 052X</td>
<td>$24.76</td>
</tr>
<tr>
<td></td>
<td>Brief communication with patient (5 min) – G2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital e-visits</td>
<td>Online digital evaluation and management 99421-99423</td>
<td>G0071 Bill on UB-04 No modifier Rev Code 052X</td>
<td>$24.76</td>
</tr>
<tr>
<td>Telehealth Visits</td>
<td>One to one substitutes for in-person services/visits ~ many</td>
<td>G2025 Bill on UB-04 (95 optional) (CS for preventive) Rev Code 052X</td>
<td>$92.03</td>
</tr>
<tr>
<td>Telephone Audio-Only E/M Visits</td>
<td>Telephone E/M 99441-99443</td>
<td>Can bill as G2025 services</td>
<td>$92.03</td>
</tr>
</tbody>
</table>
RHC Telehealth Update

• Major update to the RHC telehealth policy was released on April 30th MLN Matters SE20016 (latest revision July 6)

• RHCs are to use the HCPCS code G2025 (w/ modifier CG) for all telehealth distant site visit claims

• RHCs can now use HCPCS code G2025 to bill for audio-only telehealth visits (previously was shoehorned into a G0071 service)

• Payment for G2025 is $92.03. Prior to July 1, RHCs received their normal All-Inclusive Rate. MACs are currently in the process of reconciling the pre-July over or under payments.

• Recoupments occurred in July for those who billed prior to June 30.
RHC Telehealth Update

• CMS significantly expanded the codes that providers can bill via telehealth on April 30th.
• In that update, they specified a significant number of codes that can be billed audio-only.
• Currently less relevant for us because we bill all these codes with G2025
• Use modifier CS to waive coinsurance for services related to COVID testing/preventive services
• [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)
MAC Payments not calculating G 2025 correctly

• **Current policy:**
  • MACs are paying $92.03 minus the coinsurance amount charged to the patient.

• **What we believe the policy should be:**
  • MACs pay 80% of the composite rate. Coinsurance is based off the charges but should not impact the RHC’s G2025 reimbursement from the MAC.
Letter to Congressional leadership

• Full letter may be downloaded here: https://www.narhc.org/narhc/NARHC_ADVOCACY.asp

• The policy we want:
  • Extending the ability to provide care as distant site providers; and
  • Payment parity between face-to-face services and telehealth services (i.e., payment pursuant to the PPS methodology for FQHCs, and to the cost-based payment methodology for RHCs)

• Multiple pieces of legislation that move the policy the right way...
Telehealth visits post-PHE?

• What we need to advocate for
  • Extending the ability to provide care as distant site providers; and
  • Fair reimbursement for telehealth services relative to our fee-for-service peers.
Menu of Policy Options

- **H.R. 6792, S. 3998:** The *Improving Telehealth for Underserved Communities Act of 2020* allows RHCs and FQHCs to use normal coding and billing for telehealth services (payment parity between telehealth and in-person services) for the duration of the public health emergency while raising the limits on payment for independent rural health clinics who have long been paid below cost due to the RHC Medicare “cap.”
- **H.R. 7663:** The *Protecting Access to Post-COVID-19 Telehealth Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and allows payment for telehealth services to be paid via our normal in-person rates as if the services were provided without the use of a telecommunications device.
- **H.R. 7187:** The *HEALTH Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and explicitly requires telehealth reimbursement for safety-net providers be made through normal safety-net reimbursement mechanisms. Rural Health Clinics would receive their All-Inclusive Rate (AIR) payment while Federally Qualified Health Centers would receive their normal Prospective Payment System (PPS) rate.
- **H.R. 8156:** The *Ensuring Telehealth Expansion Act* allows RHCs and FQHCs to continue to provide distant site services until the end of 2025 while eliminating the special payment rule such that RHCs and FQHCs are reimbursed their normal in-person rates for telehealth services.
ADVOCATE!

• To get policy wins we need grassroots advocacy + “inside the beltway” advocacy

• [https://www.narhc.org/narhc/NARHC_ADVO_CACY.asp](https://www.narhc.org/narhc/NARHC_ADVO_CACY.asp)
• [https://www.narhc.org/narhc/RHC_Modemization_Act_Advocacy.asp](https://www.narhc.org/narhc/RHC_Modemization_Act_Advocacy.asp)
Questions and Answers

• Contact:

• Nathan.Baugh@narrhc.org
• (202) 544-1880