RURAL HEALTH WORKSHOP

NARHC Updates

WELL-AHEAD

LOUISIANA RURAL HEALTH ASSOCIATION

Speaker

- Sarah Hohman
  - National Association of Rural Health Clinics (NARHC)

Federal Policy Update for Rural Health Clinics

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AGENDA

I. Legislative Updates

- Consolidated Appropriations Act, 2023
- RHC Behavioral Health Initiative
- **RHC Burden Reduction Act**
  - **What is it?**
  - **How can you advocate?**

II. Telehealth Policy

I. Where are we now?

II. What questions remain as Congress develops policy post 2024?

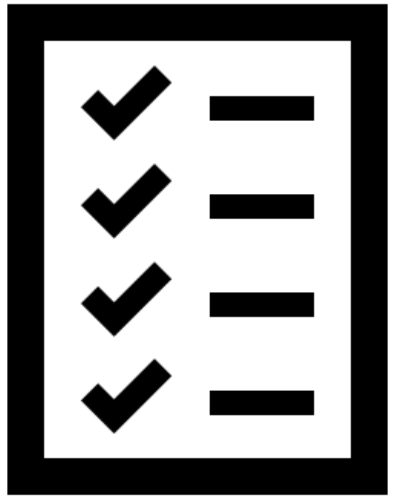
III. Regulatory Updates

I. 2024 Medicare Physican Fee Schedule

II. End of the Public Health Emergency

IV. Medicare Advantage

CONSOLIDATED APPROPRIATIONS ACT OF 2023



- Expanded Medicare coverage to include Marriage and Family Therapists (MFTs) and Mental Health Counselors – beginning January 1, 2024.
- Waived 4% "pay as you go" or PAYGO Medicare reduction (for two years) which was previously set to kick in January 1, 2023.
- Extended several Medicare telehealth provisions.. More on this later!
- Grant programs for which RHCs are *eligible* entities
- Created "intensive outpatient services" treatment category of which RHCs are eligible providers under a special payment rule – beginning January 1, 2024
  - Intensive Outpatient Service is a level of care below partial hospitalization requiring between 9 and 20 hours of treatment per week.

BIDEN BUDGET REQUEST FY 2024

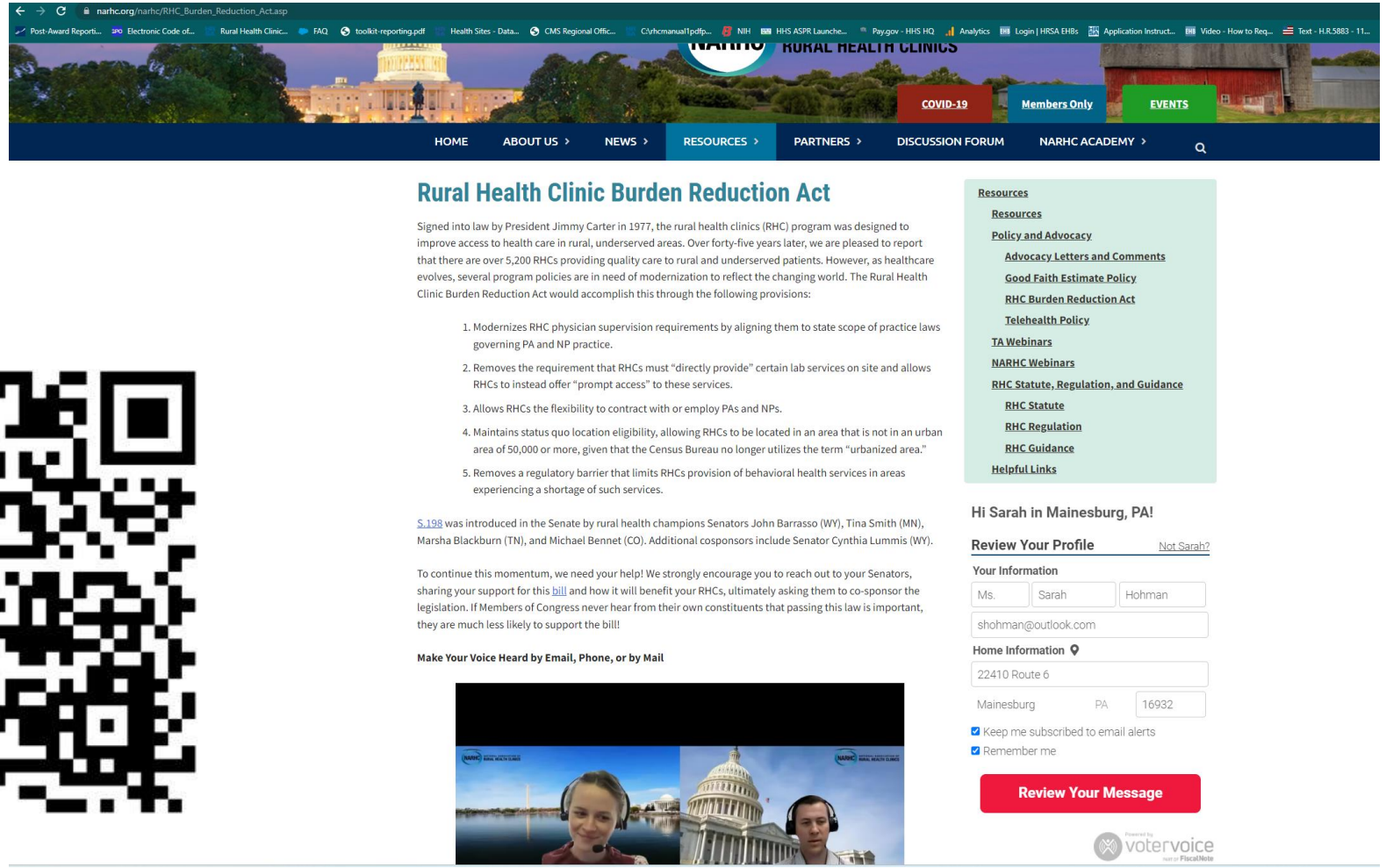
Rural Behavioral Health Initiative

"Rural areas represent nearly 60 percent of Mental Health Professional Shortage Areas, encompassing more than 25 million people who do not have adequate access to mental healthcare providers. Rural health clinics serve as a key access point for healthcare service where there is no Federally Qualified Health Center. ***The budget for rural health includes $10 million for a new Rural Health Clinic Behavioral Health Initiative to expand access to mental health services in rural communities****."*

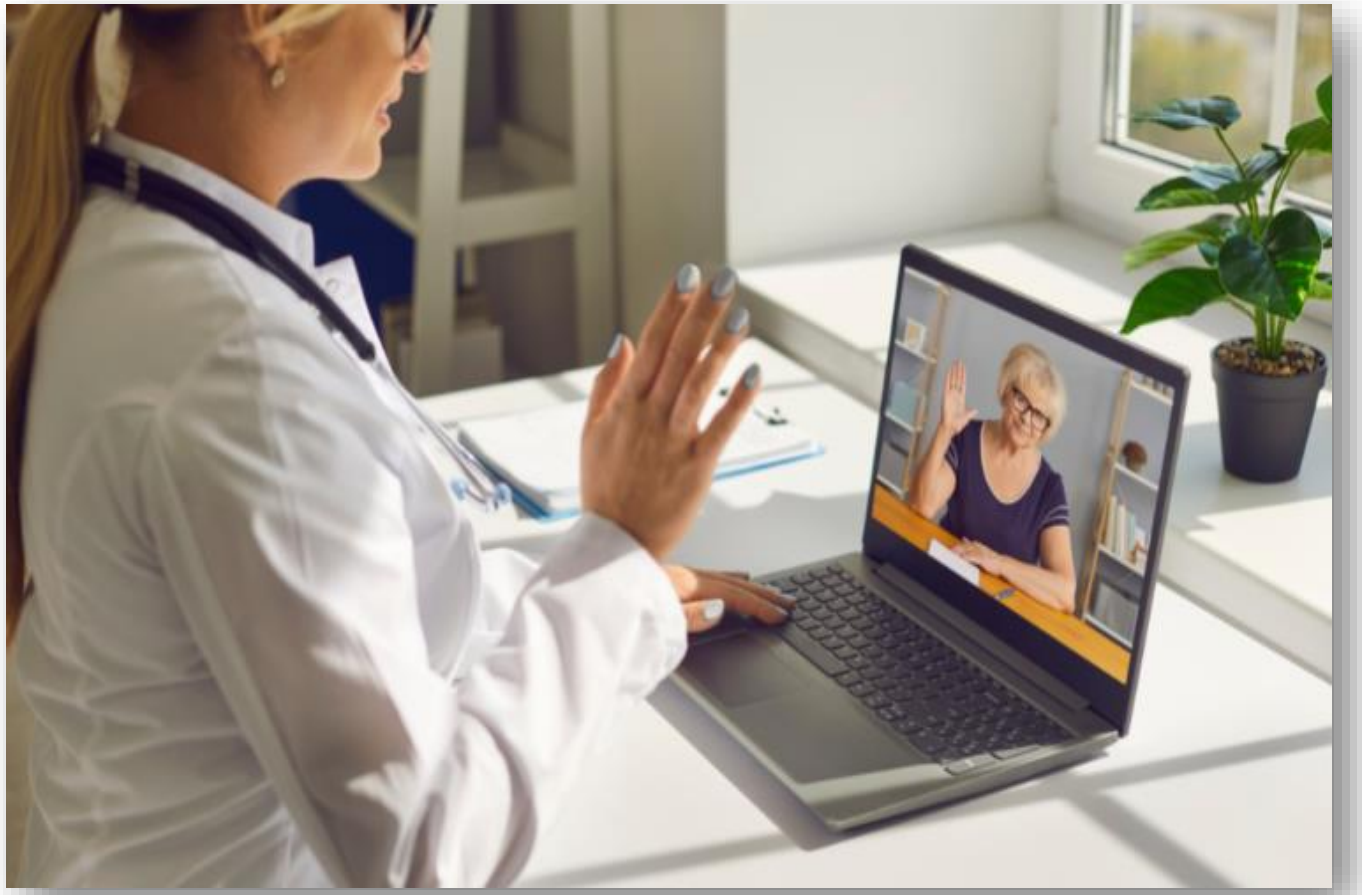
RHC Burden Reduction Act (S.198/H.R.3730)

- **Would align RHC physician supervision requirements with state scope of practice laws governing Nurse Practitioners and Physician Associates**
  - 26 states have granted NPs full practice authority, yet NPs practicing in RHCs in those states still have federal supervision requirements
- **Would allow RHCs to satisfy onsite laboratory requirements if they provide "prompt access" to the required lab services**
  - CMS would be directed to define "prompt access"
- **Would allow RHCs to employ or contract with their NPs and PAs**
  - Currently one NP/PA must be formally employed, as referenced by a W-2
- **Would fix "urbanized area" issue in the statute**
- **Would allow RHCs to provide over 49% behavioral health services, if they are located in a mental health-Health Professional Shortage Area (HPSA)**

How can *you* effectively advocate?



TELEHEALTH POLICY



Consolidated Appropriations Act, 2023

- RHCs can continue to be distant site providers through December 31, 2024 (at least)
- Paid $98.27 for all services on Medicare's telehealth list (200+ codes)
  - Including many via audio-only

Mental Health via Telehealth

- Permanent coverage in the RHC setting, reimbursed at All-Inclusive Rate, counted as a visit
- In-person requirements are waived until January 1, 2025
  - **After this period, beneficiaries must have an in-person visit within 6 months of furnishing mental health via telehealth service and an in-person service must be provided at least every 12 months thereafter.**
    - Some exceptions may be made based on patient need

CURRENT MEDICARE TELEHEALTH BILLING POLICIES

Name of Telehealth Service	Brief Description	How to Bill	Amount (2023)
Virtual Check-In or Virtual Care Communications	Remote evaluation – G2010 Brief communication with patient (5 min) – G2012	G0071 No modifier necessary Rev Code 052X	$23.72
Chronic Care Management	99484, 99487, 99490, 99491, 99424, and 99425 = G0511 99492, 99493 = G0512	G0511 – Care Management G0512 – Psychiatric Care Management	G0511 - $77.94 G0512 - $146.73
Digital e-visits	Online digital evaluation and management 99421-99423	G0071 No modifier Rev Code 052X	$23.72 - **Only covered through end of PHE**
Telehealth Visits	One to one substitutes for in-person services/visits List of allowable services maintained by CMS **Coverage through 12/31/2024**	**G2025** Modifier 95 optional Modifier CS (for services where cost sharing is waived) Rev Code 052X Costs and encounters carved out of cost report	$98.27
Mental Health Telehealth Visits	CPT Codes that can be billed with 0900 revenue code **Permanent Coverage**	Rev Code 0900 Use proper mental health CPT code Modifier CG always Modifier 95 if audio-video Modifier FQ if audio-only Count costs and encounters on cost report	All-Inclusive Rate

Telehealth Services but <u>not</u> considered a telehealth "visit"

TELEHEALTH POLICY UNSETTLED QUESTIONS

- Where can telehealth providers be located?
- Should there be in-person requirements?
- What can be done via audio only?
- Should Medicare telehealth pay parity with in-person?

Does Medicare Save Money?

Regulatory Updates

2024 Medicare Physician Fee Schedule – Anticipated July 2023

- **Must address:**
  - Changes to the regulations to include MFTs and Mental Health Counselors
  - Creation of Intensive Outpatient Services code and special payment rule
- **We hope will address:**
  - Remote Physiological Monitoring in RHCs
  - Allow RHCs to receive a second encounter on the same day if they perform an AWV (like IPPE)
  - Normal coding for telehealth services (may also be done via guidance)

Public Health Emergency Ended May 11th, 2023

What has ended for RHCs with the conclusion of the PHE?

RHC Specific Waivers - CMS

- Certain Staffing Requirements 2 CFR 491.8(a)(6)
- Temporary Expansion Locations 42 CFR §491.5(a)(3)(iii)
- Bed Count for Provider-Based RHCs
- Home Nursing Visits Flexibility
- Coverage of Virtual Care Communication Services (99421-99423)

Other waivers concluding immediately after the COVID-19 PHE expires:

HIPAA Notification of Enforcement Discretion - HHS Office for Civil Rights (OCR)

- "OCR will exercise its enforcement discretion and will not impose penalties on covered health care providers for noncompliance with the requirements of the HIPAA Rules in connection with the good faith provision of telehealth using non-public facing audio or video remote communication technologies {Zoom, Facebook Messenger, Skype, FaceTime} during the COVID-19 PHE."

- Once this expires, providers can be penalized for noncompliance with HIPAA rules in connection to telehealth
  - Audio-only telehealth services can still be provided in compliance with the HIPAA Privacy Rule

Waivers Separate from the PHE

RHC Specific Waivers - CMS

- Physician Supervision of NPs in RHCs and FQHCs. 42 CFR 491.8(b)(1)
  - CMS waived the requirement that physicians provide medical direction for the RHCs' nurse practitioners, to the extent permitted by state law.
  - This waiver will end on December 31, 2023

NARHC webinar from April 5th on the conclusion of the PHE!

Ongoing Access to COVID-19 Products

HRSA Programs continue to offer free, direct access to COVID-19 at-home tests, vaccines, and therapeutics.

- The availability of these are not tied to the PHE or other emergency declaration.
- Email RHCcovidsupplies@narhc.org for questions and enrollment instructions.

Other Reminders – RHC Testing and Mitigation Program Reporting & Returns

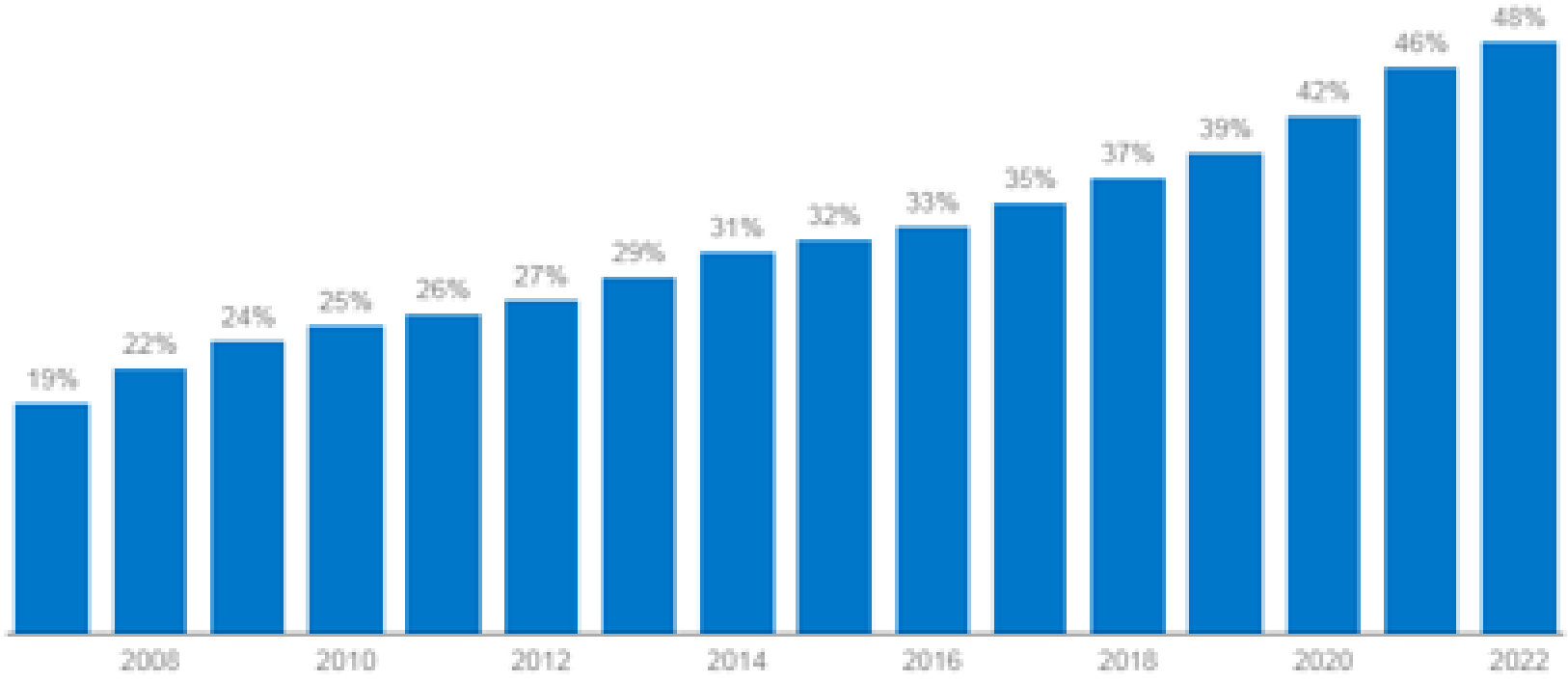
- RHCs were allocated $100,000 per clinic in 2021, issued at the TIN level, for Testing and Mitigation efforts
- Project period: January 1, 2021 – December 31, 2022
- Reporting was due on RHCcovidreporting.com on January 31, 2023 and the return of any unspent funds was due March 2, 2023

*If you know your organization is past due, or you want to confirm reporting compliance, please email RHCcovidreporting@narhc.org

Figure 1

Total Medicare Advantage Enrollment, 2007-2022

Medicare Advantage Penetration | Medicare Advantage Enrollment



NOTE: Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 58.6 million people are enrolled in Medicare Parts A and B in 2022.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018-2020; and Medicare Enrollment Dashboard 2021-2022. • PNG

KFF

Long Term: Creating a Floor Payment for RHCs

- FQHCs (since 2003) have a quarterly "wrap- around" payment that ensures that they receive no less than what they would make from traditional Medicare
- NARHC is hoping to create a floor payment rate for RHCs relative to MA plans
- Different options for both setting and financing the floor
- Hoping to get Congress to introduce legislation to start the conversation
- We cannot let Medicare Advantage plans diminish our rural safety-net
- MA, while popular, is receiving more scrutiny in recent years from Congress which may create an opportunity

STAY UP TO DATE!

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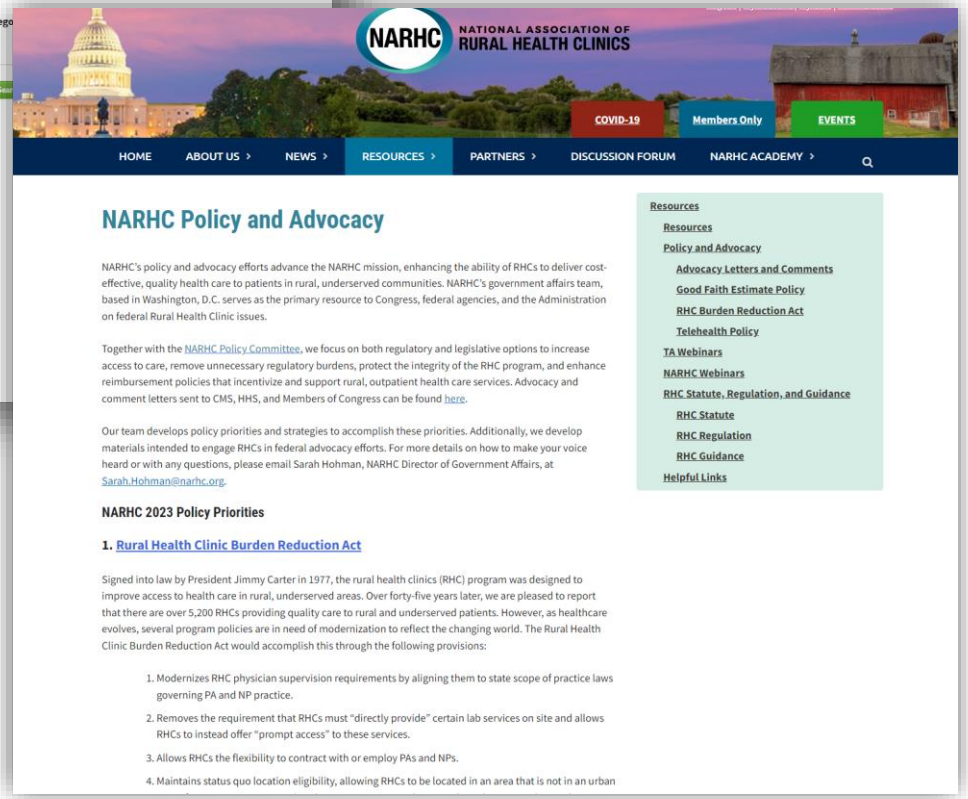

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Questions?

We want to hear from you!

https://www.surveymonkey.com/r/RCYLXYT

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Thank you for joining us!

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