

Oregon Office of Rural Health Washington Update

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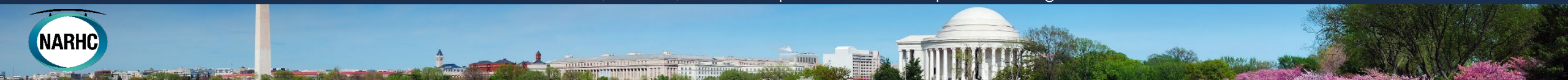
Agenda

- RHC Medicare Payment Reform
- Physician Fee Schedule Proposed Rule
- Telehealth Policy Post PHE
- Federal Programs for RHCs to Fight COVID-19



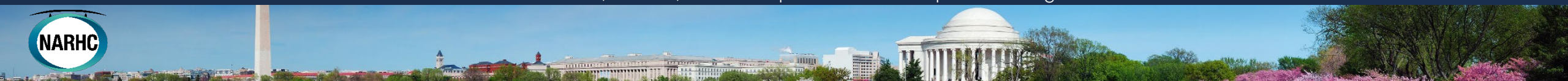
RHC Medicare Payment Reform

As part of H.R. 133, the Consolidated Appropriations Act of 2021 (aka COVID Relief Package), Congress approved, and President Trump signed into law the most comprehensive reform of the Medicare RHC payment methodology since the mid-90s.



Comprehensive RHC Medicare Payment Reform ~ What does it do?

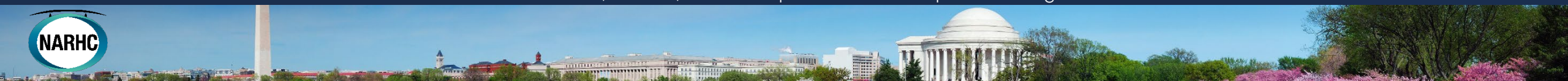
- Phases in increases in the Medicare upper payment limit (the cap) over 8 years.
- **All *new** RHCs are subject to this upper payment limit.
- Grandfathers uncapped RHCs by establishing clinic specific upper limits based on their 2020 reimbursement rates plus medical inflation (MEI).



Increasing the Cap on RHC Reimbursement

- On April 1, 2021 the RHC upper payment limit increased from \$87.52 to \$100. The cap then increases each year as follows:

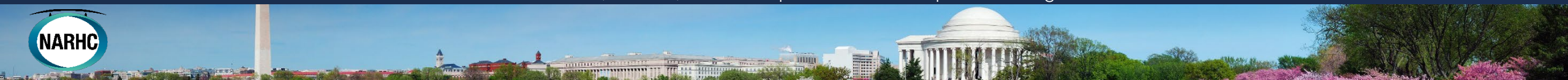
2022	\$113.00
2023	\$126.00
2024	\$139.00
2025	\$152.00
2026	\$165.00
2027	\$178.00
2028	\$190.00
- After 2028, the cap will increase according to the Medicare Economic Index (MEI)



Grandfathering Fix Passed in April



- A key tenet of the policy was (and is) that no RHC sees a reduction in reimbursement
- Mostly achieved but not fully achieved due to a drafting error in the legislation (2019 instead of 2020)
- Congress passed and the President signed a fix correcting the date in April 2021 and extending the grandfather to “in process” under 50 bed hospital-based RHCs that had submitted their 855a application by the end of 2020.
- We are still pursuing a solution for entities that were “mid-build” but had not yet submitted their application

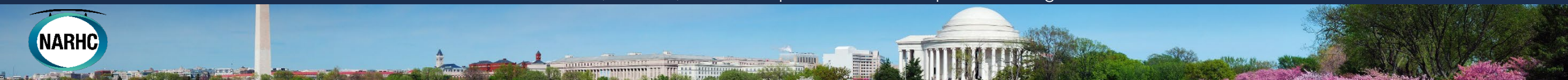


For more detailed information, go to:

Rural Health Clinic Modernization Policy Explained:

<https://www.narhc.org/News/28696/Rural-Health-Clinic-Modernization-Included-in-Final-COVID-Package>

www.NARHC.org



2022 Physician Fee Schedule Proposed Rule RHC Modernization Implementation

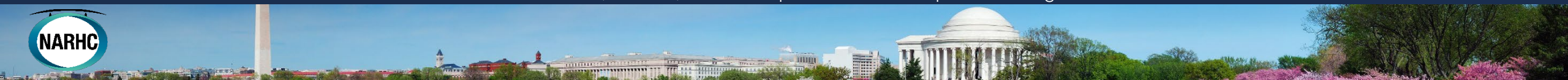
- https://www.narhc.org/narhc/NARHC_ADVOCACY.asp
- Proposed regulatory changes
 - Solidifying definitions for grandfathered RHCs
 - Cost report period **ending in 2020** will be used
 - Interim v. final rate is not entirely clear
 - Change of ownership and relocation impacts on grandfathering status
 - Not addressed in the rule...we will need guidance from CMS
 - Consolidated cost report impact
 - CMS proposing not to allow new RHCs to file consolidated cost reports
 - NARHC will be opposing this and asking them to revise

2022 PFS Proposed Rule RHC Hospice Coverage

As part of the Consolidated Appropriations Act of 2021, Congress authorized RHC providers (Physician, PA, NP, CNM) to be the “attending physician” for Medicare beneficiaries enrolled in hospice. This expansion is effective for services delivered on or after January 1, 2022. The 2022 PFS proposed rule contains the regulatory changes necessary for this expansion to occur.

This means that RHC clinician can provide hospice related care to a Medicare beneficiary enrolled in hospice and receive the all-inclusive rate payment for attending physician services.

The beneficiary MUST declare that the RHC physician, PA or NP is the individual from whom they wish to receive attending physician services, and this MUST be done at the time of hospice election.



2022 Physician Fee Schedule Proposed Rule Telehealth Provisions

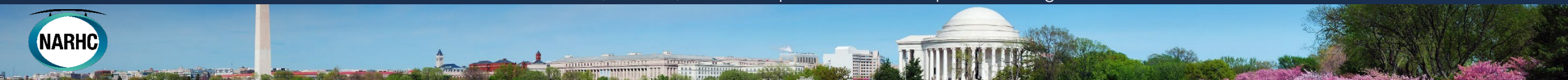
Re-defines what constitutes an RHC mental health visit to include telehealth visits. NARHC strongly supports this proposal and believes this will help us achieve our full telehealth policy goals.

- This proposal would allow RHCs to bill and be paid for these mental health telehealth services (including audio-only) at their RHC per visit rate!
- There must be an in-person service within 6 months prior to the furnishing of the telehealth service and at subsequent intervals thereafter as specified by the Secretary for mental health services furnished via telehealth.



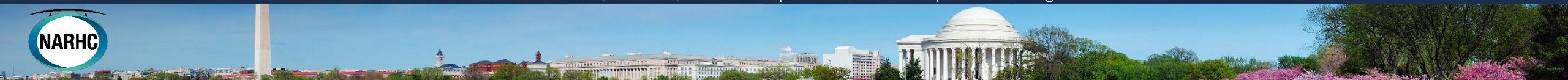
“Telehealth” what does that mean?

Name of Service	Description	RHC-specific billing code	2021 Payment Amount
Telehealth Visit	Replacement for in-office visits, simply delivered via telecommunications device, CMS lists every code eligible online (entire suite of E/M is included)	G2025	\$99.45
Virtual Care Communications	PFS Codes: 99421, 99422, 99423, G2010, G2012 Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal.	G0071	\$23.73
Care Management	PFS Codes: 99484, 99487, 99490, 99491, G2064, G2065 20 minutes of care management services per month to patients with at least 1 chronic condition.	G0511	\$66-\$67 (estimated)
Psychiatric Collaborative Care model	At least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months of psychiatric CoCM services, furnished by an RHC practitioner or Behavioral Health Care Manager under general supervision.	G0512	\$141.83 (2020 rate)
Remote Physiologic Monitoring	PFS Codes: 99453, 99454, 99457, 99458 Remote monitoring of physiologic parameters	N/A	N/A



Telehealth Policy – Latest Updates

- G2025 for all telehealth VISITS (in 2021)
 - Pays \$99.45 in 2021
 - CMS updated list of [telehealth services](#) on 3/9/21
- G0071 for Virtual Communications Services
 - Pays \$23.73 in 2021
- Principal Care Management added to CCM code G0511
- G0511 will pay roughly \$81-\$83 in 2022 (up from \$65.19)



NARHC Telehealth Goals

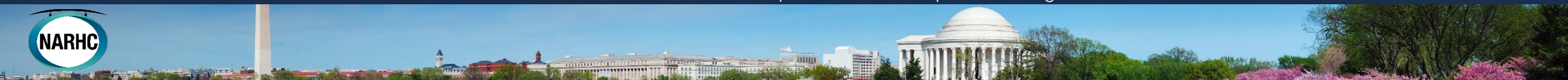


HEALTH CARE

Virtual care becomes a common cause in a divided Congress

Lawmakers are lining up to decide what Medicare will pay for after the pandemic is over, with sponsors of a leading Senate plan confident they have the votes to include it in a must-pass piece of legislation this year.

- Permanent Medicare Policy that allows us to bill for telehealth visits **the same as in-person RHC visits**
 - **Normal Coding, Normal Reimbursement, Normal Cost Reporting Rules**
- 3 bills are already introduced that will achieve our goals...but there are also bills on telehealth that will lock us into bad systems...
- Explicit parity with in-person reimbursement (we strongly support)
 - H.R. 2903 CONNECT for Health Act 2021
 - H.R. 4437
 - H.R. 341
- Vaguely creates parity with in-person (would support but not first option)
 - H.R. 366
- Asks Secretary to create a new payment mechanism (we oppose)
 - H.R. 5425
- Continues current temporary policy (we oppose)
 - H.R. 1332
 - H.R. 4040



Telehealth Policy – Bigger Picture

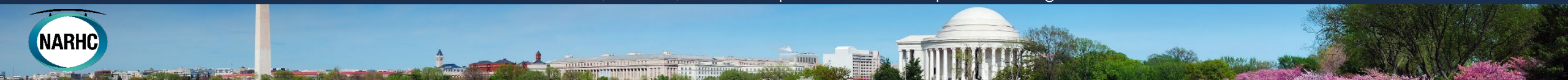
- Short Term – telehealth policy expires at the end of PHE, what does Congress do?
- Medium Term – what aspects of telehealth policy are made permanent? Do private payers opt to cover telehealth visits fully? How is audio-only handled?
- Long Term – does telehealth fundamentally alter what it means to have “access” to healthcare? Will RHCs be able to compete with offices in cities with sophisticated telehealth equipment and services?



Federal Spending in Response to COVID

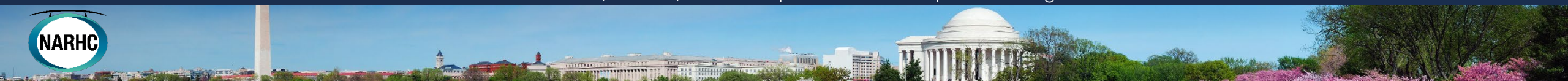


- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Phase 1) \$8.3 billion
- Families First Coronavirus Response Act (Phase 2) \$225 billion
- CARES Act (Phase 3) \$2.2 trillion
- Paycheck Protection Program and Health Care Enhancement Act (Phase 3.5) \$483 billion
- Consolidated Appropriations Act of 2021 (COVID Relief Package) \$920 billion stimulus + \$1.4 trillion normal funding of government
- American Rescue Plan - \$1.9 Trillion in stimulus
- **Over \$5 trillion total**

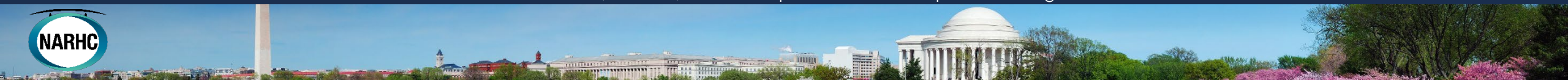


Relevant Allocations for RHCs

- Paycheck Protection Program (PPP)
- Provider Relief Fund (PRF)
- RHC COVID-19 Testing Fund
- American Rescue Plan (ARP)
- RHC COVID-19 Testing and Mitigation Fund
- RHC COVID-19 Vaccine Confidence Grants

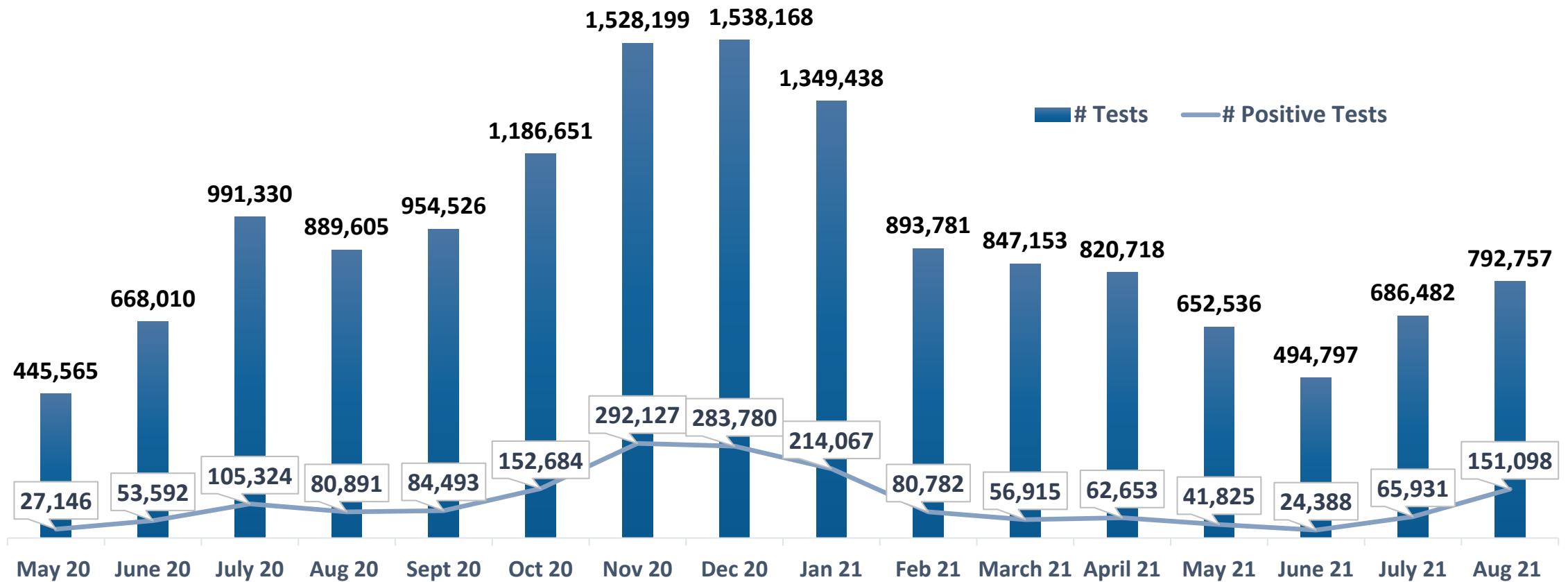


Tranche	Date	Amount	Purpose	Reporting
Phase 1 General Distribution	April 10, 2020	6.2% of 2019 Medicare Reimbursement	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Phase 2 General Distribution	April 24, 2020	2% of 2018 revenue minus phase 1 distribution	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Phase 3 General Distribution	December 15, 2020	Variable	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Rural Targeted Allocation	May 6, 2020	\$103k + 3.6% operating expenses (Ind), Graduated Base Payment + 1.97% of operating expenses (PB)	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
RHC COVID-19 Testing Fund	May 20, 2020 + later dates	\$49,461.42 per RHC	Unreimbursed COVID testing expenses	www.RHCcovidreporting.com
RHC COVID-19 Testing and Mitigation Fund	June 10, 2021	\$100,000 per RHC	Unreimbursed COVID testing and mitigation expenses	www.RHCcovidreporting.com
RHC Vaccine Hesitancy Grants	July 22, 2021	\$100 million divided by qualified applicants evenly \$49,529.00	Vaccine hesitancy work	Financial Reports through Payment Management System + Quarterly Calls
American Rescue Plan + Phase 4 General Distribution	Applications Due on October 26	TBD	Lost Revenue and Unreimbursed Covid Expenses	Provider Relief Fund Portal
ARP – Agriculture Grants	Applications Open Now: https://www.rd.usda.gov/erhc	TBD ~ Only Nonprofits are eligible	COVID related expenses or Expand Services/Telehealth	Reporting through Grants.gov system



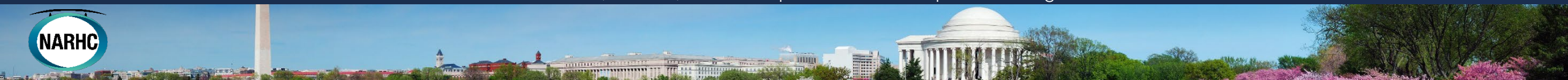
Tests Supported by RHCCT and RHCCTM Funding

Over 16M COVID-19 Tests Supported



RHC Modernization Reintroduction

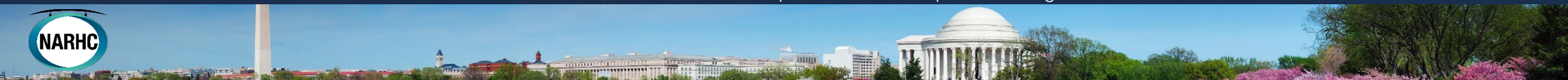
- Align RHC scope of practice with state scope of practice for NPs/PAs;
- Remove the requirement to have lab services onsite;
- Allow RHCs the option to contract with PAs/NPs (instead of requiring direct employment) to meet RHC staffing requirements; and
- Allow states to develop their own methodology for defining a “rural” area for the purposes of establishing RHCs.



Federal Healthcare Facility Mandate

The Centers for Medicare and Medicaid Services (CMS) is expected to issue Interim Final Rules outlining the requirements for adhering to the vaccine mandate by the end of October.

Facilities that are subject to Medicare Conditions of Participation or Conditions of Certification would be subject to inspection and possible termination from participation in the Medicare program for failure to comply.



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