# Understanding RHC Advocacy and Policy Efforts

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National Association of Rural Health Clinics

# The National Association of Rural Health Clinics (NARHC)

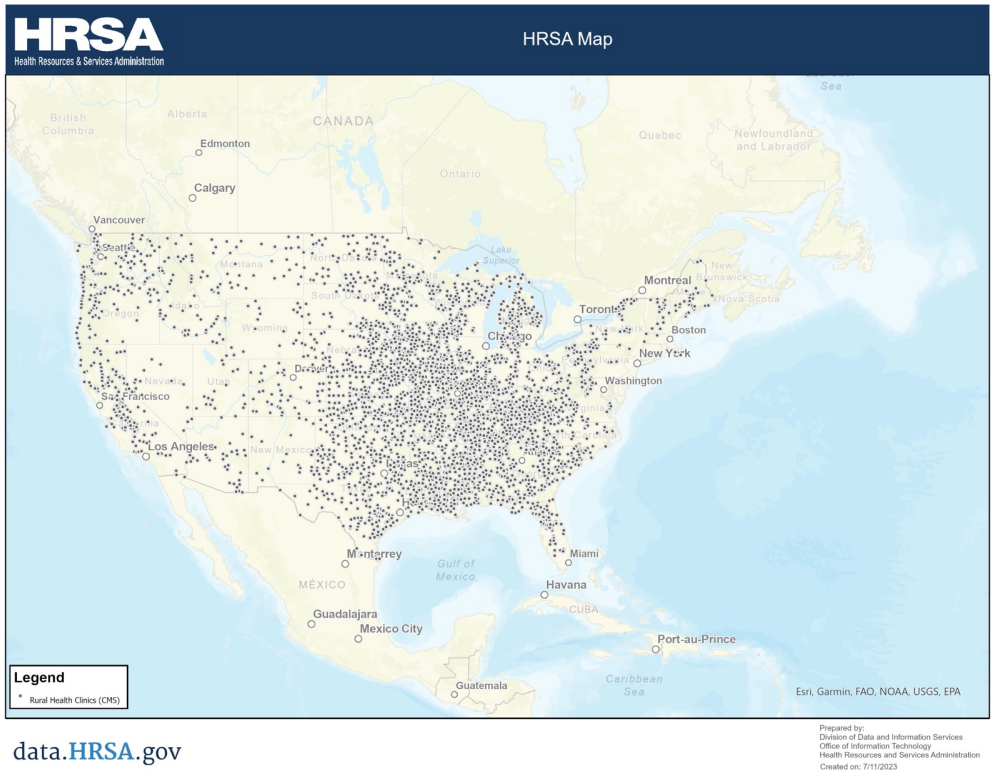
- The National Association of Rural Health Clinics mission is to educate and advocate for Rural Health Clinics, enhancing their ability to deliver cost-effective, quality health care to patients in rural, underserved communities.

- **Education:** Technical Assistance, Conferences, NARHC Academy (Intro to RHCs, Certified Rural Health Clinic Professionals (CRHCP))
- **Advocacy:** Regulatory and Legislative; Fellowship



# Sixty Percent of Rural Americans Served by Rural Health Clinics

- NARHC survey data shows that the RHC program, as a whole, serves approximately **37.7 million patients per year** which is more than 11% of the entire population and approximately **62% of the 60.8 million Americans that live in rural areas.**
  - **5,359 RHCs in 46 states**

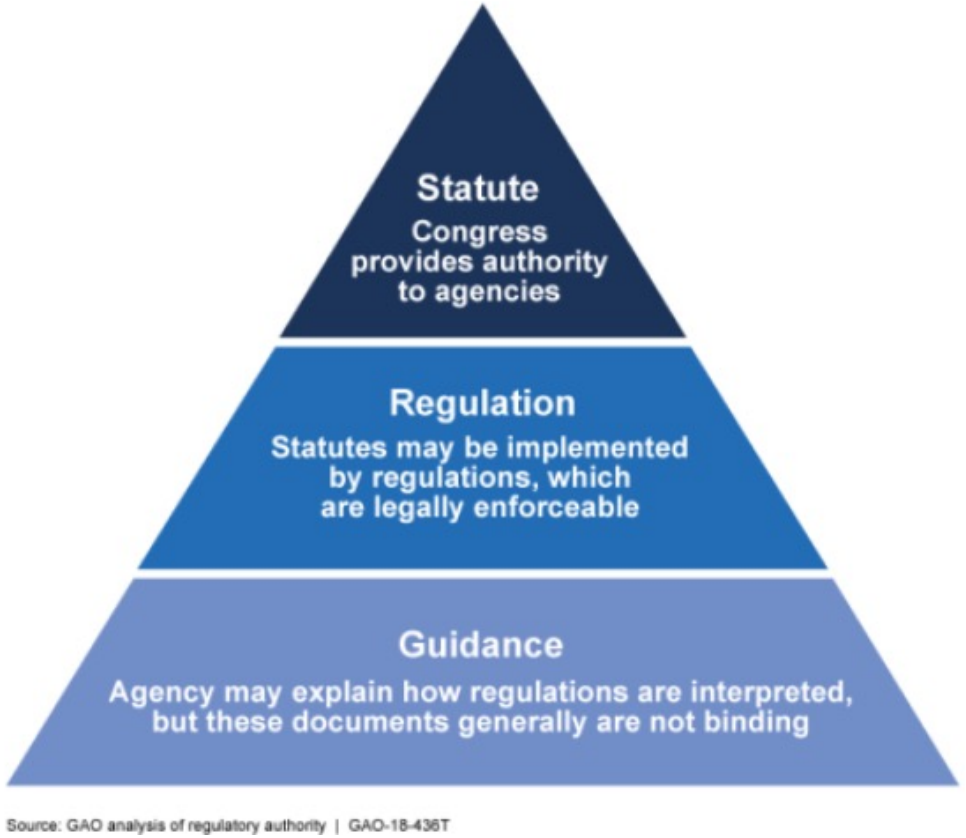


# RHC Federal Statute, Regulation, and Guidance

Review RHC Statute

Review RHC Regulation

Review RHC Guidance




**https://www.narhc.org/narhc/RHC_Statute__Regulation__and_Guidance.asp**

# RHC Statute

- Medicare Payment
- "Rural Health Clinic services"
- Definitions of PAs and NPs

- Congress must pass legislation to make changes to the statute.



### Pass the Rural Health Clinic Burden Reduction Act

S.198/H.R.3730 modernize five non-controversial, cost-neutral provisions of the RHC statute first written in 1977 to better reflect care delivery in 5,300 RHCs across the country.

### Establish Medicare Advantage Floor Reimbursement

There is no statutory requirement around RHC Medicare Advantage reimbursement and with RHC's limited negotiating power, low MA reimbursement is threatening the health care safety net.

### Achieve Telehealth Parity for Safety Net Providers

Permanent coverage of Medicare telehealth and a revision of the RHC/FQHC payment policy assure continued access and ensure that RHCs do not experience a disparity in reimbursement as compared to their fee-for-service counterparts.



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

**Medical Director**

Align RHC physician supervision requirements with the state scope of practice laws governing Nurse Practitioners and Physician Associates

**Laboratory Services**

Allow RHCs to satisfy onsite laboratory requirements if they provide "prompt access" to the required lab services

**Employment/Contracting**

Allow RHCs to employ or contract with their NPs and PAs

**Location**

Fix "urbanized area" issue in the statute

*Maintain status quo of areas with less than 50,000 being eligible for RHCs*

*Interim Policy*

**Behavioral Health**

Allow RHCs to provide over 49% behavioral health services if they are located in a mental health-Health Professional Shortage Area (HPSA)



# Rural Health Clinic Burden Reduction Act

## S.198

- **Senator Barrasso (WY)**
- **Senator Smith (MN)**
- **Senator Blackburn (TN)**
- **Senator Bennet (CO)**
- Senator Lummis (WY)
- Senator Rosen (NV)
- Senator Durbin (IL)
- Senator Sinema (AZ)

## H.R.3730

- **Rep. Smith (NE-03)**
- **Rep. Blumenauer (OR-03)**
- **Rep. Tokuda (HI-02)**
- **Rep. Armstrong (ND)**
- Rep. Valadao (CA-22)
- Rep. Ciscomani (AZ-06)
- Rep. Finstad (MN-01)
- Rep. Nehls (TX-22)
- Rep. Costa (CA-21)
- Rep. Harshbarger (TN-01)
- Rep. Green (TN-07)
- Rep. Barr (KY-06)
- Rep. Mann (KS-01)
- Rep. Boebert (CO-03)
- Rep. Pappas (NH-01)
- Rep. Carl (AL-01)



# State of Politics

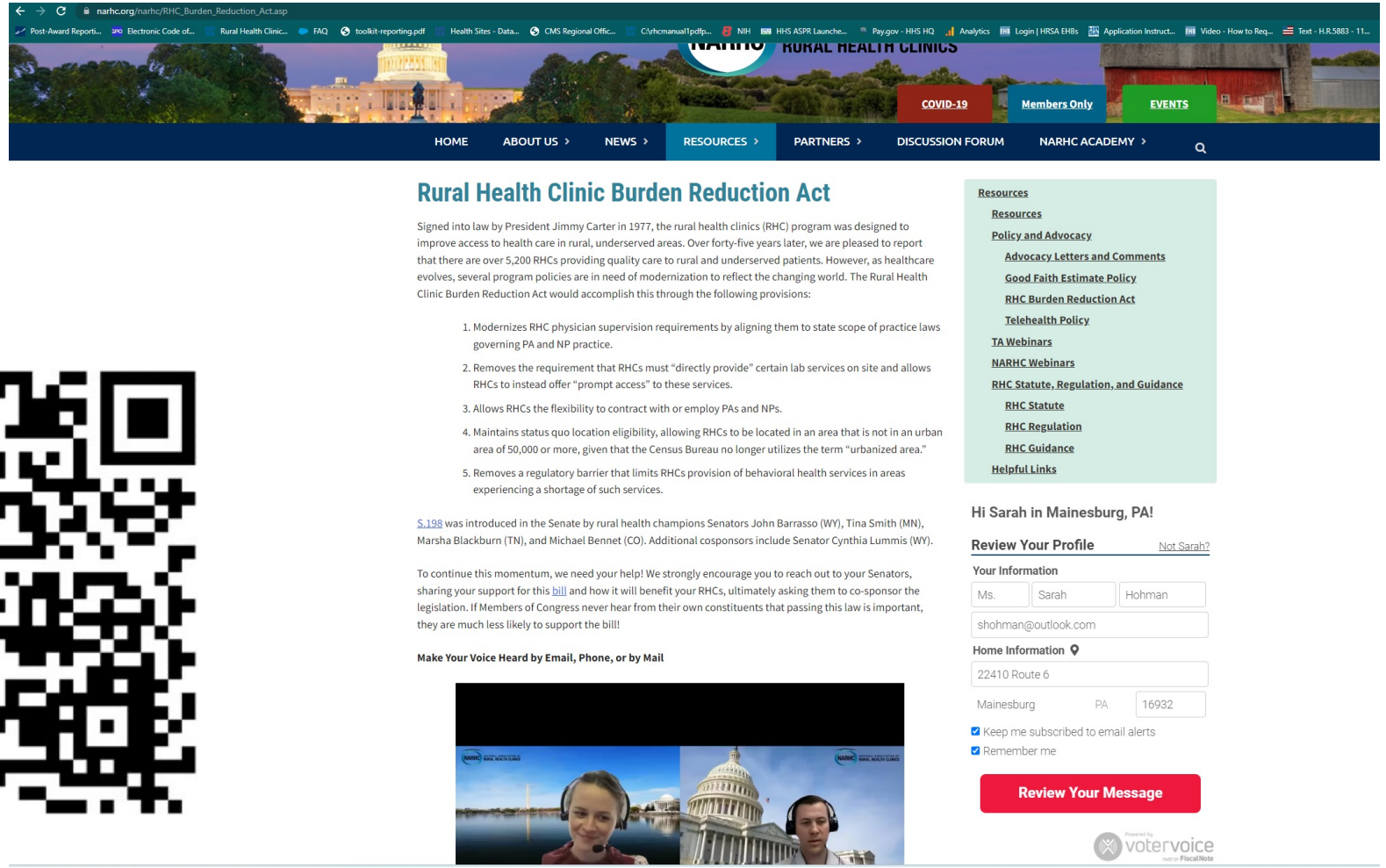
- 24 bills have been signed into law this Congress (2023-2024)
  - Over 14,000 have been introduced

- Congress has not yet passed a FY 2024 budget; currently in **another** Continuing Resolution (CR) through March 1/March 8

- Mixed opinions as to whether funding bills should serve as "vehicles" for other policy riders (i.e. smaller bills that we advocate for!)



# How can RHCs advocate?



# RHCs & Medicare Advantage

- Prior authorization, marketing, and other administrative burden concerns… **PLUS**
- Low reimbursement concerns
  - FQHCs (since 2003) have a quarterly "wrap- around" payment that ensures that they receive no less than what they would make from traditional Medicare
  - For RHCs, each MA plan is like another commercial contract
    - While some RHCs are able to negotiate for comparable reimbursement, there is no requirement that MA plans treat RHCs differently than any other provider



# Positive Steps Forward

- CMS published a final Medicare Advantage rule in mid-January with some prior authorization reforms:
  - Require standard, non-urgent decisions within 7 days
  - Require urgent decisions within 72 hours
  - Payers must submit a specific reason for denying coverage if prior authorization is denied



# Medicare Advantage Advocacy

- NARHC is advocating 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**



# Current Medicare Telehealth Coverage - RHCs

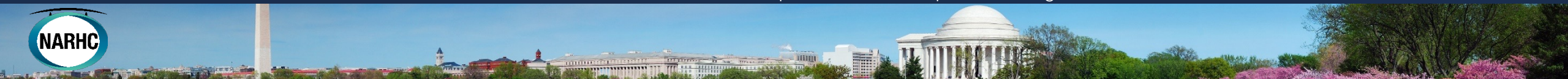
## Medical Telehealth

- RHCs can serve as telehealth distant site providers through December 31, 2024 (at least)
- Paid $95.37 for all services on Medicare's telehealth list (200+ codes)
  - Including many via audio-only
  - Do not count as encounters; costs and visits carved out of cost report

## Mental Health 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
  - Occasional requirement (6 months prior to furnishing telehealth; at least once per year)
- CPT codes billable with 0900 revenue code



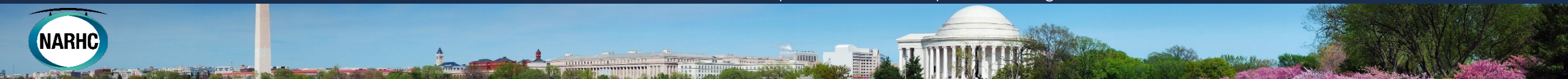


# NARHC Policy Position

- Three primary concerns with current G2025 system:
  - Limited data can be gathered by billing 1 single code for a variety of services
  - The payment rate disincentivizes investment in telehealth technology
  - Entirely new billing and cost reporting rules increase administrative burden

- What we want:
  - Normal coding, cost reporting, billing, reimbursement
  - **Pay telehealth encounters through All-Inclusive Rate system**





# RHC Regulation

- RHC services
- Payment (what constitutes a visit)
- Conditions for Certification

- Congress gives CMS (and other agencies) the authority to interpret the statute and implement provisions of the law through regulation.



# Rulemaking Process Important for RHCs

## July – Proposed Rules Released

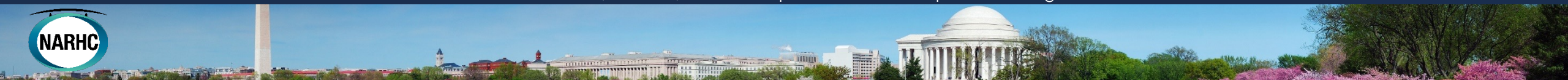
- Medicare Physician Fee Schedule
- Hospital Outpatient Prospective Payment System

## September – Comments Due

## November – Final Rules Released

## January – Provisions go into effect





# 2024 MPFS and OPPS Relevant Provisions

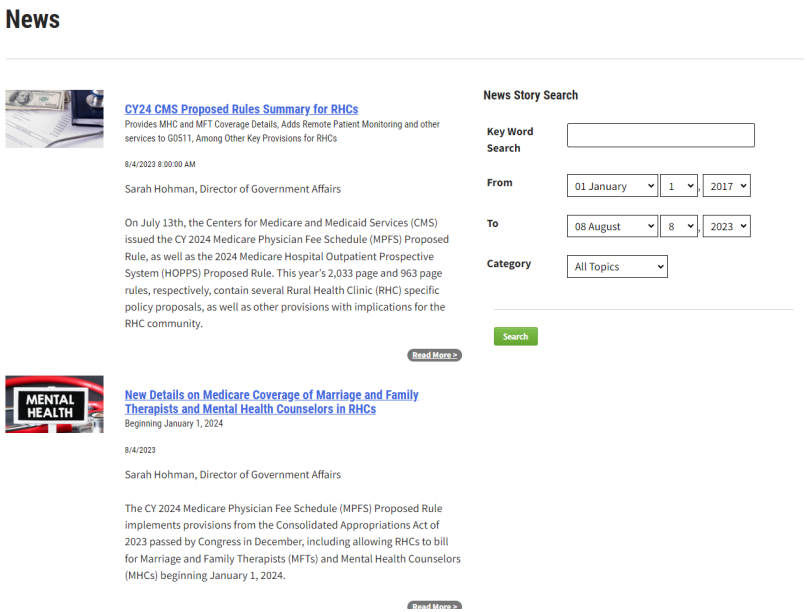
## *Beginning January 1, 2024*

## New Billable Providers in RHCs

- Marriage and Family Therapists
- Mental Health Counselors

## Intensive Outpatient Program Treatment Category

**Care Management:** Remote Patient Monitoring, Remote Therapeutic Monitoring, Community Health Integration, and Principal Illness Navigation Services Billable Under G0511



News



CY24 CMS Proposed Rules Summary for RHCs

Provides MHC and MFT Coverage Details, Adds Remote Patient Monitoring and other services to G0511, Among Other Key Provisions for RHCs

8/4/2023 8:00:00 AM

Sarah Hohman, Director of Government Affairs

On July 13th, the Centers for Medicare and Medicaid Services (CMS) issued the CY 2024 Medicare Physician Fee Schedule (MPFS) Proposed Rule, as well as the 2024 Medicare Hospital Outpatient Prospective System (HOPPS) Proposed Rule. This year's 2,033 page and 963 page rules, respectively, contain several Rural Health Clinic (RHC) specific policy proposals, as well as other provisions with implications for the RHC community.

Read More >




New Details on Medicare Coverage of Marriage and Family Therapists and Mental Health Counselors in RHCs

Beginning January 1, 2024

8/4/2023

Sarah Hohman, Director of Government Affairs

The CY 2024 Medicare Physician Fee Schedule (MPFS) Proposed Rule implements provisions from the Consolidated Appropriations Act of 2023 passed by Congress in December, including allowing RHCs to bill for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) beginning January 1, 2024.

Read More >

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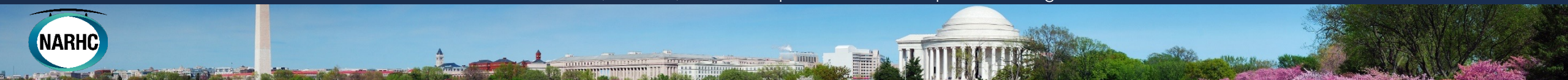
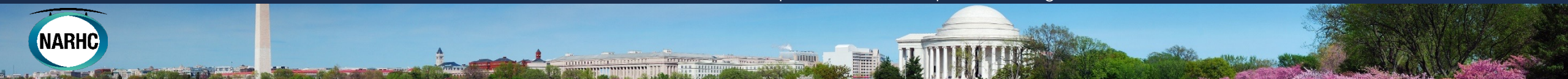


# New Medicare Billable Providers in RHCs

- Marriage and Family Therapist (MFT)
  - An individual who:
    - Possesses a master's or doctor's degree which qualifies for licensure or certification as a MFT pursuant to State law of the State in which such individual furnishes marriage and family therapist services;
    - Is licensed or certified as a MFT by the State in which such individual furnishes such services;
    - After obtaining such degree has performed at least 2 years (or 3,000 hours) of clinical supervised experience in marriage and family therapy; and
    - Meets such other requirements as specified by the Secretary.
- Mental Health Counselor (MHC)*
  - An individual who:
    - Possesses a master's or doctor's degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, or professional counselor under State law of the State in which such individual furnishes MHC services;
    - Is licensed or certified as a mental health counselor, clinical professional counselor, or professional counselor by the State in which the services are furnished;
    - After obtaining such degree has performed at least 2 years (or 3,000 hours) of clinical supervised experience in mental health counseling; and
    - Meets such other requirements as specified by the Secretary.

***Addiction counselors who meet all applicable requirements can also enroll as Medicare providers under MHC category.**





# Changes to the Regulation

§405.2401 Scope and definitions

§405.2411 Scope of benefits

§405.2415 Incident to services and direct supervision

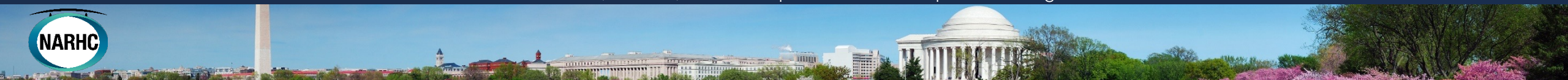
§405.2463 What constitutes a visit

§405.2468 Allowable costs

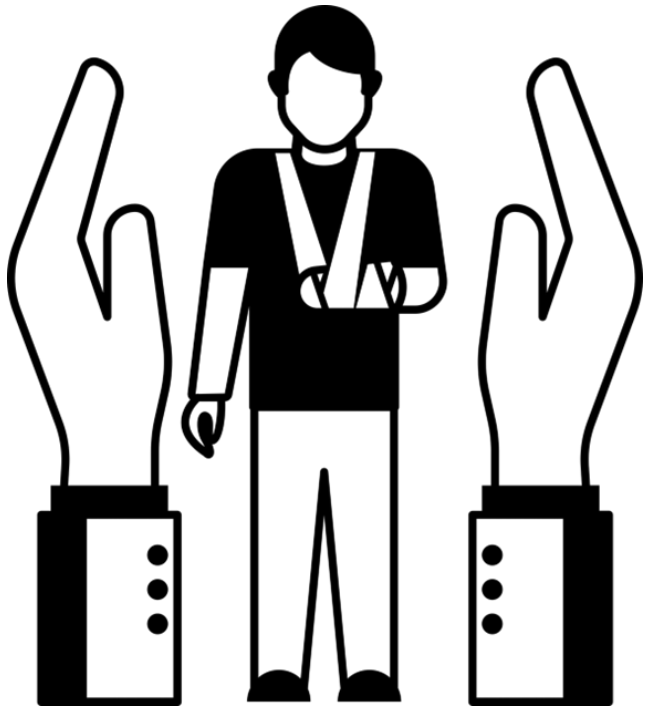
§491.8 Staffing and staff responsibilities

**MFTs and MHCs can generate a Medicare encounter, reimbursable at the RHC's All-Inclusive Rate (AIR). They will be subject to the same policies as a PA, NP, CNM, CP, and CSW in the RHC. These provider types may serve as the RHC owner or an employee, or be under contract. Additionally, MFTs and MHCs can fulfill the requirement that a provider must be available to furnish care at all times the clinic is open.**





# Major Changes to Care Management Services (G0511)



- Adding in four new buckets of care management:
  - Remote Physiologic Monitoring (RPM)
  - Remote Therapeutic Monitoring (RTM)
  - Community Health Integration (CHI)
  - Principal Illness Navigation (PIN)

- Allowing multiple G0511s per patient per month

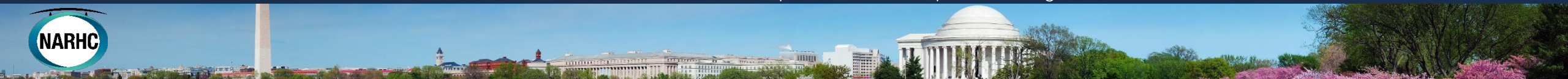
# Intensive Outpatient Program (IOP) Services

Quick Details:

- New behavioral health treatment category billable in RHCs beginning January 1, 2024
- Intended for patients with an acute mental illness (including depression, schizophrenia, substance use disorders, etc.) that need between 9-19 hours of care per week
  - Higher level of care than occasional outpatient visit; less intensive that partial hospitalization programs
  - These services are to be provided in person
- Reimburses through a "special payment rule," not the AIR/encounter rate
  - $259.40 per patient per day
  - Reimbursement corresponds to 3* distinct, qualifying services per day
  - Costs associated with IOP services must be carved out of RHC cost report
- An IOP service and a separate mental health encounter would not be eligible for same day billing (RHC All-Inclusive Rate reimbursement plus $259.40). However, RHCs could bill for IOP services and a separate medical visit for the same patient on the same day when appropriate

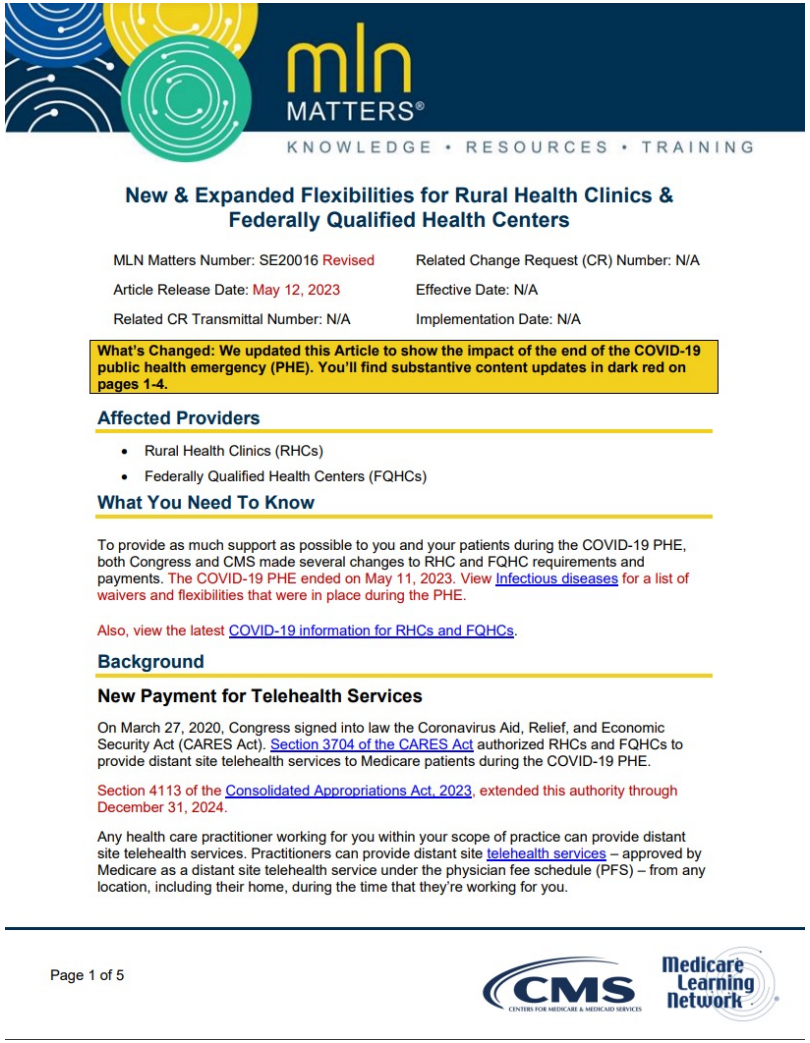
**Three (or fewer services per day) would accommodate occasional instances when a patient is unable to complete a full day of PHP or IOP. CMS expects that days with fewer than three services would be very infrequent and intends to monitor the provision of these days among providers and individual patients.**





# RHC Guidance

- Further interpretation of regulation:
  - Medicare Benefit Policy Manual Chapter 13
  - State Operations Manual Appendix G – Guidance for Surveyors
  - MLN Matters



mln MATTERS®

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**New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers**

MLN Matters Number: SE20016 Revised | Related Change Request (CR) Number: N/A

Article Release Date: May 12, 2023 | Effective Date: N/A

Related CR Transmittal Number: N/A | Implementation Date: N/A

**What's Changed: We updated this Article to show the impact of the end of the COVID-19 public health emergency (PHE). You'll find substantive content updates in dark red on pages 1-4.**

**Affected Providers**

- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

**What You Need To Know**

To provide as much support as possible to you and your patients during the COVID-19 PHE, both Congress and CMS made several changes to RHC and FQHC requirements and payments. The COVID-19 PHE ended on May 11, 2023. View Infectious diseases for a list of waivers and flexibilities that were in place during the PHE.

Also, view the latest COVID-19 information for RHCs and FQHCs.

**Background**

**New Payment for Telehealth Services**

On March 27, 2020, Congress signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Section 3704 of the CARES Act authorized RHCs and FQHCs to provide distant site telehealth services to Medicare patients during the COVID-19 PHE.

Section 4113 of the Consolidated Appropriations Act, 2023, extended this authority through December 31, 2024.

Any health care practitioner working for you within your scope of practice can provide distant site telehealth services. Practitioners can provide distant site telehealth services – approved by Medicare as a distant site telehealth service under the physician fee schedule (PFS) – from any location, including their home, during the time that they're working for you.

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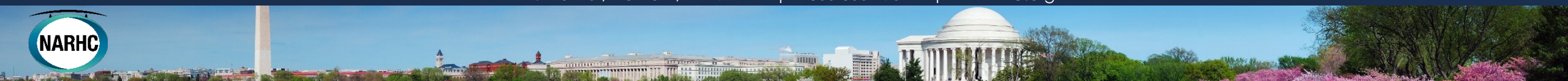
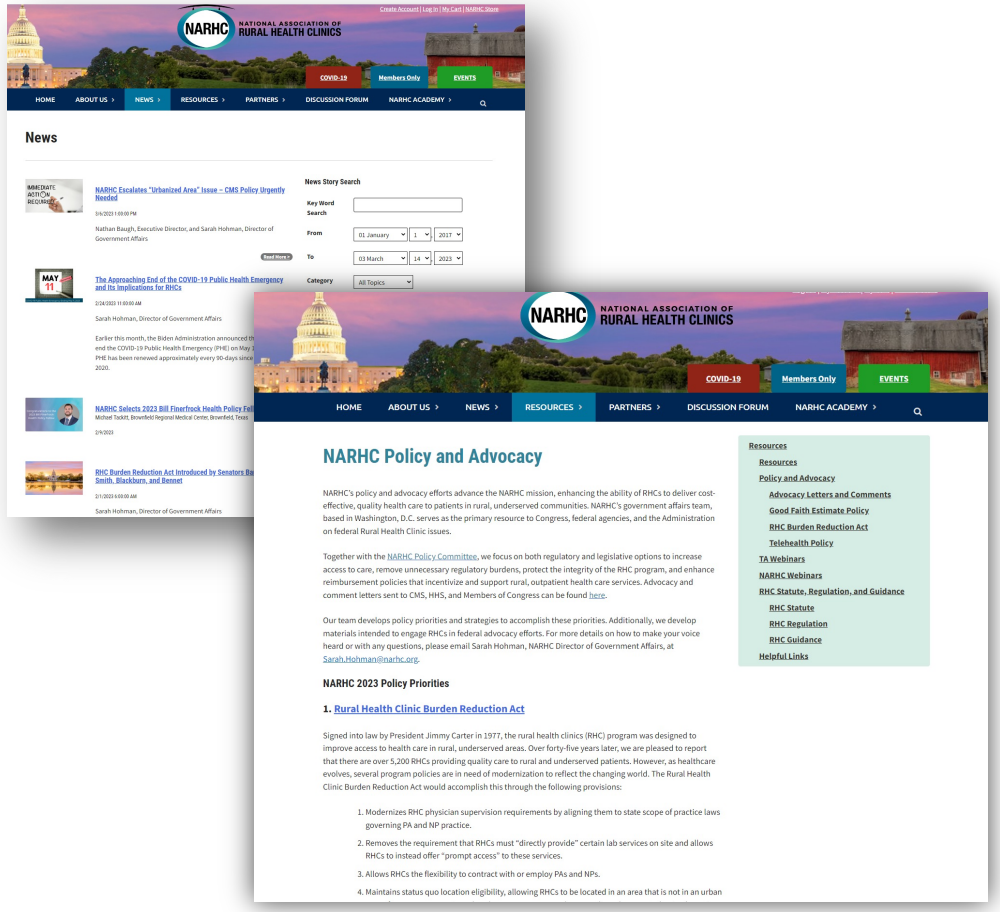
CMS Medicare Learning Network





# Stay “In the Know” on RHC Issues

- NARHC.org
  - Email Listserv
  - Discussion Forum
  - News Tab
  - Resources Tab
    - TA Webinars
    - Policy and Advocacy
- State rural health organizations & offices of rural health
- RHIhub
- CMS RHC Center



# Questions?

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