RHC BRIEFS

AUGUST 2020

UPCOMING EVENTS

Leadership Seminar/Quality Symposium

August 19 – The Program will be presented as a Virtual Version
8:45 am – 2: 45 pm
Agenda
Registration

Status of the Public Health Emergency

The PHE was extended. If it is the usual 90 days, this session would last until October 23rd. There seems to be no clear reference for this deadline, and I notice that some communications imply that it could be through the end of the year. Nevertheless, it appears that agencies and legislators are working quickly to evaluate lessons learned and prepare for better access during and after a health care crisis as is the COVID 19 pandemic. This would be a good time to talk with your legislators.

Looking at the Future of Rural Health: Telehealth, Payment Model

The Pandemic has demonstrated how telehealth was the only logistical means by which providers could maintain access to their patients while protecting the health of the providers, clinical staff and patients. Consequently, healthcare providers, insurers, telemedicine organizations, national healthcare associations, e.g. NRHA, NARHC, NACHC, etc., are advocating to make some of the PHE changes permanent.

The President's Executive Order cited, "a recent report by HHS shows that nearly half (43.5 percent) of Medicare fee-for-service primary care visits were provided through telehealth in April, compared with far less than one percent (0.1 percent) in February before the PHE. Importantly, the report finds that telehealth visits continued to be frequent even after in-person primary care visits resumed in May, indicating that the expansion of telehealth services is likely to be a more permanent feature of the healthcare delivery system.

Rural healthcare providers, in particular, need these types of flexibilities to provide continuous care to patients in their communities. It is the purpose of this order to increase access to, improve the quality of, and improve the financial economics of rural healthcare, including by increasing access to high-quality care through telehealth."

The order also called for a creation of a payment model for telehealth within 30 days. The order the need to "increase rural access to healthcare by eliminating regulatory burdens that limit the availability of clinical professionals…" The entire document: **Executive Order on Improving Rural Health and Telehealth Access** and **CMS Press Release.**

Last week Nathan Baugh, Director of Government Affairs, National Association of RHCs wrote:
President Trump signed an Executive Order late on Monday aimed at improving rural health and telehealth access. **At his news conference afterwards, President Trump specifically notated the number of "rural health clinics" that received funds as a result of the CARES Act.** I was pleased to see the President explicitly recognize rural health clinics in his comments and firmly believe that this recognition is, in part, due to NARHC efforts to elevate the profile of the rural health clinic program.

After the announcement, Deputy Secretary of Health and Human Services Eric Hargan hosted representatives from the National Rural Health Association, and National Association of Community Health Centers, and myself, for a brief discussion of the Administration's goals and plans. On this call, the Deputy Secretary indicated that the Administration would be unveiling more detailed plans in the weeks to come on these topics. It was made clear that while the Executive Order directs the various agencies submit plans within 30 days, the Administration has already been working for months on these policies.

The Executive Order has four main policy sections:

Sec. 2 - Launching an **Innovative Payment Model** to Enable Rural Healthcare Transformation

The Administration plans to release a new rural payment model in the next few weeks. Details are largely forthcoming, but Secretary Hargan did confirm that the model would not be only for hospitals.

Sec. 3 - **Investments in Physical and Communications Infrastructure**

This effort is designed to improve broadband in rural areas. It is unclear to me if this plan would be separate from the Federal Communications Commission's (FCC) Rural Health Care Program or an expansion of the FCC program.

Sec. 4 – **Improving the Health of Rural Americans**

A Rural Health Action Plan will be unveiled in the coming weeks but should represent a renewed effort to eliminate regulatory burdens and improve health outcomes in rural areas.

Sec. 5 – **Expanding Flexibilities Beyond the Public Health Emergency**

The Administration is preparing several regulatory actions that will make aspects of the telehealth Medicare benefit (that were temporarily expanded for the public health emergency) permanent. I expect that these policies will be proposed in the annual physician fee schedule rule which should be released very soon.

You can read the full Executive Order here: https://www.whitehouse.gov/presidential-actions/executive-order-improving-rural-health-telehealth-access/

Medicaid Adds Behavioral Counselors and Therapists to the RHC and FQHC Practitioner List for Billable Services *BR202032*

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is announcing the addition of midlevel practitioners to the list of qualifying practitioners that may bill for Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services, for reimbursement consideration**. Effective October 1, 2020**, the CoreMMIS claim-processing system will allow for the following midlevel practitioners to bill with Healthcare Common Procedure Coding System (HCPCS) encounter code T1015 – Clinic visit/encounter, all-inclusive and applicable valid encounter codes.

Effective for claims with dates of service (DOS) on or after October 1, 2020, the following practitioners will be eligible providers under the prospective payment system (PPS):

- Licensed clinical addiction counselors (LCACs)
- Licensed marriage and family therapists (LMFTs)
- Licensed mental health counselors (LMHCs)

Also Banner BR202032 provides guidance on resolving claims for transgenders.

RHC Productivity Standard Exceptions

The Cost Report Audit section of the WPS GHA website contains information on the Rural Health Clinic (RHC) Productivity Standards Exception.

Due to the recent COVID-19 pandemic, it is understood that some RHCs may have seen changes in the utilization of their services and the staffing of their clinics. As a result, it is understood that some of these RHCs may have difficulty in meeting the productivity standards. If your clinic believes it will not be able to meet the productivity standards for any cost reporting period that spans the public health emergency period, which started on March 13th 2020, your clinic may request an exception.

A request checklist has been developed for these submissions. Please send the completed checklist to the Audit Advisement email address at audit.advisement@wpsic.com so we can begin our review.

Palmetto MAC Clinics:
https://palmettogba.com/palmetto/providers.nsf/docsr/Providers~JJ%20Part%20A~Browse%20by%20Facility~Rural%20Health%20Clinics%20(RHCs)

Appropriate Use Criteria Mandate

The appropriate use criteria mandate would require that clinicians ordering advanced imaging (MRI, CT, PET) confirm that their order is "appropriate" through an electronic clinical decision support mechanism. Eventually, information about this consultation will be required on the advanced imaging Medicare claim for payment.

August 10th, CMS posted on their website that the Appropriate Use Criteria Mandate would be delayed another year. CMS is extending the "educational and operations testing period" another year to give the entire industry more time to prepare before reimbursement is at risk.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program

NOTICE: The EDUCATIONAL AND OPERATIONS TESTING PERIOD for the AUC Program has been extended through CY 2021. There are no payment consequences associated with the AUC program during CY 2020 and CY 2021. We encourage stakeholders to use this period to learn, test and prepare for the AUC program.

(Source: Nathan Baugh, NARHC)

HHS Provider Relief Fund Phase 2 General Distribution Now Accepting Additional Applicants

On July 31, 2020, HHS announced that certain Medicare providers would be given another opportunity to receive additional Provider Relief Fund payments. These are providers who previously missed the June 3, 2020 deadline to apply for additional funding equal to 2 percent of their total patient care revenue from the $20 billion portion of the $50 billion Phase 1 General Distribution, including many Medicaid, Children's Health Insurance Program (CHIP), and dental providers with low Medicare revenues. In addition, certain providers who experienced a change in ownership, making them previously ineligible for Phase 1 funding, will also be given an opportunity to apply for financial relief.

Starting [August 10th], these eligible providers may now submit their application for possible funds by August 28, 2020. This deadline aligns with the extended deadline for other eligible Phase 2 providers, such as Medicaid, Medicaid managed care, CHIP, and dental providers.

Latest Eligible Providers for Phase 2 General Distribution Funding

- Providers who were ineligible for the Phase 1 General Distribution because:
  - They underwent a change in ownership in calendar year 2019 or 2020 under Medicare Part A; and
  - Did not have Medicare Fee-For-Service revenue in 2019.
- Providers who received a payment under Phase 1 General Distribution but:
  - Missed the June 3 deadline to submit revenue information – including many Medicaid, CHIP, and dental providers with low Medicare revenues that assumed they were ineligible for additional distribution targeted at Medicare providers or had planned to apply for a Medicaid and CHIP specific distribution; or
  - Did not receive Phase 1 General Distribution payments totaling approximately 2 percent of their annual patient revenue.
- Providers who previously received Phase 1 General Distribution payment(s), but rejected and returned the funds and are now interested in reapplying.

Again, all eligible providers will only receive funding of up to 2 percent of their reported total revenue from patient care. Therefore, for providers who have already received a Phase 1 General Distribution payment from HHS, the previous amount received and kept will be taken into account when determining the eligible amount for Phase 2 General Distribution payment. All payment recipients must accept HHS's terms and conditions and may be subject to auditing to ensure the data provided to HHS for payment calculation are accurate.

HHS has been hosting a series of informational webinars to address questions and support providers through the application process. The next provider and provider organization webinar will be held on Thursday, August 13, 2020. Register by clicking here.

For the latest information on the Provider Relief Fund Program, visit: hhs.gov/providerrelief.

(Source Mason Zeagler, Government Affairs Senior Associate, National Rural Health Association)

Preparedness – COVID – 19 Pandemic

The Rural Health Information HUB (RHIhub) has extensive Preparedness Webpages found at https://www.ruralhealthinfo.org/healthcare-surge-readiness?utm_source=racupdate&utm_medium=email&utm_campaign=update072920 Many resources have just been added this month. Also, the experts anticipate that the rural communities need to be ready for a surge.

Select the Ambulatory Care. Much of the content is appropriate for RHCs, e.g. PPE training, Just in Time Training, Behavioral Health, quick start Telehealth setup, etc. Be sure any references to billing guidance for telehealth and virtual health care visits are specific to the RHCs.

Another very comprehensive resource is the: CDC COVID-19 Rural Health Portal. It offers community planning, why rurals are at risk, contact tracing, protecting the animals, home disinfection and more. Hopefully you will find this to be useful for your office, patients, partners and businesses.

Check out the webpage: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19 (link)

If you have not read the RHC flexibilities during the COVID 19 Public Health Emergency, you will find that there is a significant list of waivers and flexibilities to the RHC regulations, e.g. NP and PA not required to work 50% hours of the RHC's hours, physician supervision of NP or PA reduced, expansion of services outside RHC walls, Stark Laws concerning physician relationships and referrals, provider enrollment to facilitate hiring more providers, Medicare advanced/accelerated payments, extensions for Medicare and MA appeals, cost report extensions, etc.

Employee Return to work guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Rural Child Social Workers Offer Pandemic Perspective

RHIhub posted an insightful article from The National Rural Health Association's *Rural Health Voices* about the additional need for social workers to help children who are at home due to school closures. Some rural families lack adequate food in the home and stress levels may impact the children. This article highlights the needs of some rural families and the challenges for the social workers providing services to them.

https://www.ruralhealthweb.org/blogs/ruralhealthvoices/july-2020/rural-child-social-workers-offer-pandemic-perspect

Can the RHC Charge for Missed Appointments?

RHC Consultant, Patty Harper, RHIA, CHTS-IM, CHTS-PW, CHCR, responded to this question on the NARHC list serve. During difficult times, I thought it might be helpful to read Patty's perspective on this issue:

"You can only charge for no shows if the policy applies to all financial classes of patients consistently. The problem is that most Medicaid programs do not allow you to charge a missed appointment fee so

the policy, if you have one, cannot be applied to all financial classes.

Charging for missed appointments is usually not a very productive or patient-friendly policy. It is punitive, will make patients mad, and make them leave your practice anyway. It is far more positive and productive to find out why the patients are missing appointments and try to find a solution that is win-win. Many of our clinics do QAPI projects on missed appointments and try to help solve the problem. I don't recommend charging for missed appointments. It usually backfires." QAPI is a quality assurance and performance improvement program. If a RHC has developed a QAPI program and that program meets/exceeds the regulatory requirements for a Program Evaluation, the QAPI program would be acceptable.

CMS COVID-19 Stakeholder Engagement Calls

CMS hosts recurring stakeholder engagement sessions to share information related to the agency's response to COVID-19. These sessions are open to members of the healthcare community and are intended to: **provide updates, share best practices among peers, and offer attendees an opportunity to ask questions of CMS and other subject matter experts.** I have attended a few of these by phone, and the majority of the time is spent on Q & A. Most questions seem to be about billing, so if you have questions, this is an opportunity to talk with CMS representatives. Call details are below.

Calls recordings and transcripts are posted on the CMS podcast page at:
https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts

CMS COVID-19 Office Hours Calls (2 x month on Tuesdays 5:00 – 6:00 PM Eastern)

Office Hour Calls provide **an opportunity for hospitals, health systems, and providers to ask questions of agency officials regarding CMS's temporary actions** that empower local hospitals and healthcare systems to:

- Increase Hospital Capacity – CMS Hospitals Without Walls;
- Rapidly Expand the Healthcare Workforce;
- Put Patients Over Paperwork; and
- Further Promote Telehealth in Medicare

Tuesday, August 25th 5-6 pm **Toll Free Attendee Dial In:** 833-614-0820 **Access Passcode:** 8579003

Audio Webcast link: https://protect2.fireeye.com/url?k=6b8b8131-37df984d-6b8bb00e-0cc47adc5fa2-b5ceaf423c6c8f4c&u=https://protect2.fireeye.com/url?k=8de4e617-d1b0ff6b-8de4d728-0cc47adc5fa2-6350968d87404b27&u=https://protect2.fireeye.com/url?k=b0ee57aa-ecbb5eb9-b0ee6695-0cc47adb5650-7cf527ad219c44d5&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2371

Lessons from the Front Lines: COVID-19 (2 x month on Friday 12:30 2:00 PM Eastern)

Lessons from the Front Lines calls are a joint effort **between CMS Administrator Seema Verma, FDA Commissioner Stephen Hahn, MD, and the White House Coronavirus Task Force.** Physicians and other clinicians are invited to share their experience, ideas, strategies, and insights with one another related to their COVID-19 response. **There is an opportunity to ask questions of presenters.**

Friday, August 21st 12:30 – 2:00 pm **Toll Free Dial-In:** 833-614-0820 **Access Passcode:** 5956858

Audio Webcast Link: https://protect2.fireeye.com/url?k=89244053-d570592f-8924716c-0cc47adc5fa2-e744686030d1a851&u=https://protect2.fireeye.com/url?k=767988c9-2a2d91b5-7679b9f6-0cc47adc5fa2-384d46234f6cf00f&u=https://protect2.fireeye.com/url?k=5bbe4eed-07ea67c6-5bbe7fd2-0cc47a6d17cc-0fae9923aae1404e&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=238

Reducing the Cost of Insulin for Seniors

Seniors that use insulin will be able to choose a prescription drug plan in their area that offers a broad set of insulins. CMS Administrator Seema Verma reports that "The result is lower prices for life-saving drugs like insulin, which will be available to Medicare beneficiaries at **this fall's Open Enrollment** for no more than $35 a month. In short, Part D premiums continue to stay at their lowest levels in years even as beneficiaries enjoy a more robust set of options from which to choose a plan that meets their needs."

Starting January 1, 2021, beneficiaries who select the Part D Senior Savings Model plans will save, on average, $446 per year, or 66 percent, on their out-of-pocket costs for insulin. Beneficiaries will be able to choose from more than 1,600 participating standalone Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug coverage, all across the country this open enrollment period, which runs from October 15th through December 7th. And because the majority of participating Medicare Advantage plans with prescription drug coverage do not charge a Part D premium, beneficiaries who enroll in those plans will save on insulin and not pay any extra premiums. Improvements to the Medicare Part D program that CMS has made to date include:

- **Beginning in 2021**, providing more information on out-of-pocket costs for prescription drugs to beneficiaries by requiring **Part D plans to provide a real time benefit tool to clinicians with information that they can discuss with patients on out-of-pocket drug costs at the time a prescription is written.**
- Implementing Part D legislation signed by President Trump to prohibit "gag clauses," which keep pharmacists from telling patients about lower-cost ways to obtain prescription drugs.

- Reducing the maximum amount that low-income beneficiaries pay for certain innovative medicines known as “biosimilars,” which will lower the out-of-pocket cost of these innovative medicines for these beneficiaries.
- Empowering Medicare Advantage to negotiate lower costs for physician-administered prescription drugs for seniors for the first time, as well allowing Part D plans to substitute certain generic drugs to onto plan formularies more quickly during the year, so beneficiaries immediately have access to the generic, which typically has lower cost sharing than the brand.
- More information on the Part D Senior Savings Model can be viewed at: https://innovation.cms.gov/initiatives/part-d-savings-model

New video features Indiana 211

The Indiana Family and Social Services Administration is pleased to introduce a new video that features our new partners at Indiana 211. Last month, Indiana’s statewide community resource referral agency became part of the FSSA family. The new video highlights the many ways 211 serves Hoosiers, from **helping find enough food for families, housing, or many other local resources**. The video features several of the Indiana 211 community resource navigators who LISTEN to Hoosiers every day and who will work hard to help meet their unique needs.

Watch and SHARE this video, and spread the word about how Indiana 211 is working for Hoosiers every day. To watch the video please click here.

Indiana Rural Health Association Annual Conference
French Lick, IN
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Indiana Rural Health Association

www.indianaruralhealth.org

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