



UPCOMING EVENTS

Free Medication-Assisted Treatment Waiver Training

Indianapolis August 18

[Registration](#)

Three Free Substance Use Workshops

July 21 Richmond, Aug. 25 Corydon, September 15 Bedford

See Attached Brochure

Leadership Seminar/Quality Symposium

Indianapolis, August 19

[Registration](#)

NARHC's Fall Institute will be Virtual

Canceled: 2020 live Fall Institute in Phoenix, AZ. Virtual Meeting: Sessions will be spread out over the course of several weeks beginning October 13th and ending October 29th. [Download the agenda](#) as well as the [speaker biographies](#). Choose from live or recorded webinars with the ability to access the recorded sessions through November 8th. For more information and the latest conference details please visit: https://bit.ly/2020_Fall_Institute

Indiana Rural Health Association Annual Conference

French Lick, IN

November 17-18

June's Rural Health Clinic Webinars' Recordings and Slides

If you missed these webinars or need to review the slides, they are now available:

RHC HIPAA and Privacy Webinar, Stacy Cook

Recording <https://youtu.be/s0fXHgCOoIU>

RHC-FQHC Telehealth and Care Management Service Billing Update – Charles James

- Recording <https://youtu.be/MnsddjZdbOg>
- Slides [https://www.indianaruralhealth.org/clientuploads/resources/spring-into-quality-symposium/James, Charles - RHC Telehealth Billing.CCM. 6.30.2020.pdf](https://www.indianaruralhealth.org/clientuploads/resources/spring-into-quality-symposium/James,_Charles_-_RHC_Telehealth_Billing.CCM.6.30.2020.pdf)

Status of the Public Health Emergency

Michael Caputo (assistant secretary of the HHS) tweeted that HHS intends to extend the COVID-19 public health emergency that is set to expire July 25.

An “extension would prolong the emergency designation by 90 days. Several payment policies and regulatory adjustments are attached to the public health emergency, so the extension is welcome news for healthcare providers.” [Full Article at Modern Healthcare](#).

Regarding Indiana - Medicaid: Many existing restrictions or limitations have been temporarily suspended because of the need to ensure continuity of care and provide services in a socially distanced format. During this time, the Indiana Health Coverage Programs (IHCP) has heard from providers and members that the expanded array of services allowed via telemedicine has been very successful, and many want to continue to provide services in this manner. Having heard these success stories, the Office of Medicaid Policy and Planning (OMPP) plans to keep flexibilities in place through the end of the public health emergency. [BT202086](#)

Looking at the Future of Telehealth

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.

- **Call for Advocacy for Telehealth Fix in the Senate**

[HR 6792/S 3998](#) bills: On Thursday, June 18th, the [Improving Telehealth for Underserved Communities Act](#) was introduced in the Senate by Sen. Cindy Hyde-Smith (R-MS) and Sen. Angus King (I-ME). If passed, these bills would simplify payments for telehealth services furnished by federally qualified

health centers or rural health clinics under the Medicare program and address the exclusion of these visits to be included in the clinic's cost report calculation for productivity.

The National Association of RHCs outlines the problems and the fixes: The Coronavirus Aid, Relief, and Economic Security (CARES) Act allowed RHCs and FQHCs to provide telehealth services for Medicare patients as **distant site providers**. However, rather than reimbursing RHCs and FQHCs through their normal reimbursement mechanisms, the CARES act mandated that the Centers for Medicare and Medicaid Services (CMS) create a brand-new reimbursement methodology for RHCs and FQHCs just for their distant site telehealth services.

In April, CMS finally formalized the following highly problematic policy:

- RHCs and FQHCs receive a flat payment of \$92.03 no matter what service was provided.
- RHCs and FQHCs bill all telehealth visits under one generic code (G2025) rather than reporting the proper HCPCS code, making it impossible for Medicare to properly track what types of services were provided via telehealth.
- RHCs and FQHCs must "carve out" costs and visits associated with telehealth from their annual cost reports.

The Improving Telehealth for Underserved Communities Act fixes these issues. If signed into law, the telehealth policy would be as follows:

- RHCs and FQHCs would be reimbursed through their normal mechanisms (an All-Inclusive Rate for RHCs and a Prospective Payment System for FQHCs), creating parity between telehealth and in-person visits.
- Accurate HCPCS coding would be used when billing for telehealth. This means that normal coding for 238 different services will be used for claims.
- Costs and visits associated with distant site telehealth services will be included on annual cost reports, reducing the administrative burdens currently faced.

These changes will ease the financial and administrative strains on RHCs and FQHCs and encourage providers to continue the use of telehealth to serve patients.

Consequently, it is vital that RHCs contact their Members of Congress and advocate for this legislation. Your support could ensure that this legislation is included in the next COVID-19 relief package.

"Members of Congress are sensitive to their constituents' concerns," Mr. Finerfrock explains, "one or two rural health clinics reaching out to a Member of Congress will go a long way towards elevating the issue on their list of priorities."

Contact information for Members of Congress can be found [here](#). Please call your Senators and ask them to support [S 3998](#)!

Nathan.Baugh@narhc.org welcomes your request for help with legislators' email contacts or content messaging. (NARHC)

- **Representative Greg Pence Writes about His Support of Telehealth**

I would recommend starting with Rep. Greg Pence. I received an email from Rep. Pence that proudly highlighted funding to Hancock Regional and Margaret Mary Hospitals for telehealth equipment. Now that we know the Public Health Emergency will continue, and if you want to continue being or become a distant provider of telehealth, consider talking or writing to him about the need RHCs to continue to be a telehealth provider. Share your experience with telehealth patient visits, your needs to improve your services and your challenges, e.g. provider based RHCs not paid their AIR, greater broadband services in your location, etc. As one doing the work, how would you would continue to use telehealth if new legislation would allow rural health clinics to continue to be distant providers without limitations as to the origin of the patient. As you may recall, the origin of the service prior to COVID 19 was in your office, not patients' homes. Telehealth is a lifeline for rural communities, particularly those without transportation.

The coronavirus pandemic has shown how important the use of this technology is for providing access to patients and for protecting staff and patients. It is so critical that we must seek Congress to adjust federal policies that would continue the use of this vital medical tool to improve care access for patients for future outbreaks as well as health concerns not related to a pandemic.

- **Congress is Looking at the Future of Telehealth**

Article [SENATE HELP COMMITTEE MEMBERS GRAPPLE WITH MAKING PERMANENT COVID-19 TELEHEALTH POLICY CHANGES](#) June 23rd

“In the Senate hearing, there was the greatest interest in making permanent the expansion of originating sites to include all locations, including the patient’s home regardless of geographic rurality. There was also interest in allowing any healthcare provider who is eligible to bill Medicare for their professional services to remain eligible for telehealth reimbursement. Current statute restricts eligible telehealth distant site providers to a set list of eight distinct providers (i.e. physicians, nurse practitioners, psychologists. See complete list [here](#)). Concerns around the digital divide, specifically the lack of technology, digital literacy and access to high speed internet in some rural, underserved and low-income communities was also discussed in relation to the prospect of making audio-only telephone reimbursement permanent, as well as the need to improve high speed internet connections.”

Links to the following Bills are particularly important to RHCs and FQHCs:

[HR 7187](#) - Provides for permanent payments for telehealth services furnished by federally qualified health centers and rural health clinics under the Medicare program.

[HR 6792/S 3998](#) - Simplifies payments for telehealth services furnished by federally qualified health centers or rural health clinics under the Medicare program, and for other purposes.

Visit UMTRC to Learn About Telehealth Costs, Equipment, Uses

As a federally funded program of the Indiana Rural Health Association (IRHA), the [UMTRC](#) provides a comprehensive set of telehealth clinical and technical assistance services. They recently established their office in Indianapolis. The UMTRC region encompasses the states of Illinois, Indiana, Michigan, and Ohio.

Many of the resources found on the website are related to reimbursement and development of sustainable telehealth programs. They maintain the most current updates and news on legislative activity focused on telemedicine.

<https://www.umtrc.org/index.php?submenu=news&src=news&srctype=list>

Your clinic management team can visit the UMTRC to receive training and demonstrations on the equipment to help you can make an educated decision about implementing a telehealth service in your practice. At the office they have various brands of stethoscopes, otoscopes and other telehealth equipment for you try out and become acquainted with in hopes of helping you reduce time spent in your office with telehealth sales and vendors. info@umtrc.org

COVID-19: New and Expanded Flexibilities for RHCs & FQHCs during the Public Health Emergency – Productivity Standards

On July 6, CMS updated MLN Matters Article [SE20016](#) to clarify how Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can apply the Cost Sharing (CS) modifier to preventive services furnished via telehealth. This update includes:

- Additional claim examples
- New section on the RHC Productivity Standard

Health Insurance Coverage Updates

The Indiana Family and Social Services Administration reopened its local Division of Family Resources offices in all 92 counties for Hoosiers preferring in-person service. Staff wear masks and encourage clients to wear them too.

HIP & Smoking Cessation

People who smoke are more likely to contract COVID-19 and are also more vulnerable to the effects of the virus. HIP members are eligible for special tobacco cessation benefits and have access to a personal Quit Coach at no cost. Share this important information with family, friends and patients that smoke.

[More Info from Anthem](#)

[More Info from CareSource](#)

[More Info from MDwise](#)

[More Info from MHS](#)

Indiana 211 Now Integrated with FSSA

Governor Holcomb announced that Indiana's statewide community resource referral agency, Indiana 211, is now fully integrated as a part of the Indiana Family and Social Services Administration. The change, which was part of Governor Holcomb's 2020 Next Level agenda and was approved by the Indiana General Assembly during its 2020 session, is intended to simplify the process for Hoosiers to navigate state and community services available to them.

Indiana 211 and FSSA is available 24/7 to help Hoosiers in need by providing a one-stop shop for community and state services. When they dial 2-1-1, Hoosiers are connected to an experienced, responsive and compassionate team of community navigators who are skilled at identifying needs and providing referrals that best meet those needs. Read more:

https://www.in.gov/fssa/files/Indiana_211_now_integrated_with_FSSA.pdf

Notice: Paycheck Protection Program Has Reopened

The Paycheck Protection Program resumed accepting applications July 6, 2020, at 9:00 AM EDT in response to President signing the program's extension legislation. The new **deadline to apply** for a Paycheck Protection Program loan is **August 8, 2020**. <https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program>

The Paycheck Protection Program is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. SBA will forgive loans if all employee retention criteria are met, and the funds are used for eligible expenses. [Click here](#) to read more about PPP loan forgiveness.

Funding Opportunity for Creating a Community Senior Volunteer Corps

Local governments and non for profit organizations are eligible to apply.

[Senior Corps Retired and Senior Volunteer Program \(RSVP\)](#)

Funding to develop and support Retired and Senior Volunteer Program (RSVP) projects for volunteers 55 years and older in serving specific local and community needs.

Geographic coverage: Nationwide

Application Deadline: Sep 1, 2020

Sponsor: Corporation for National and Community Service

Indiana Rural Health Association

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