WASHINGTON UPDATE
Nebraska Rural Health Conference

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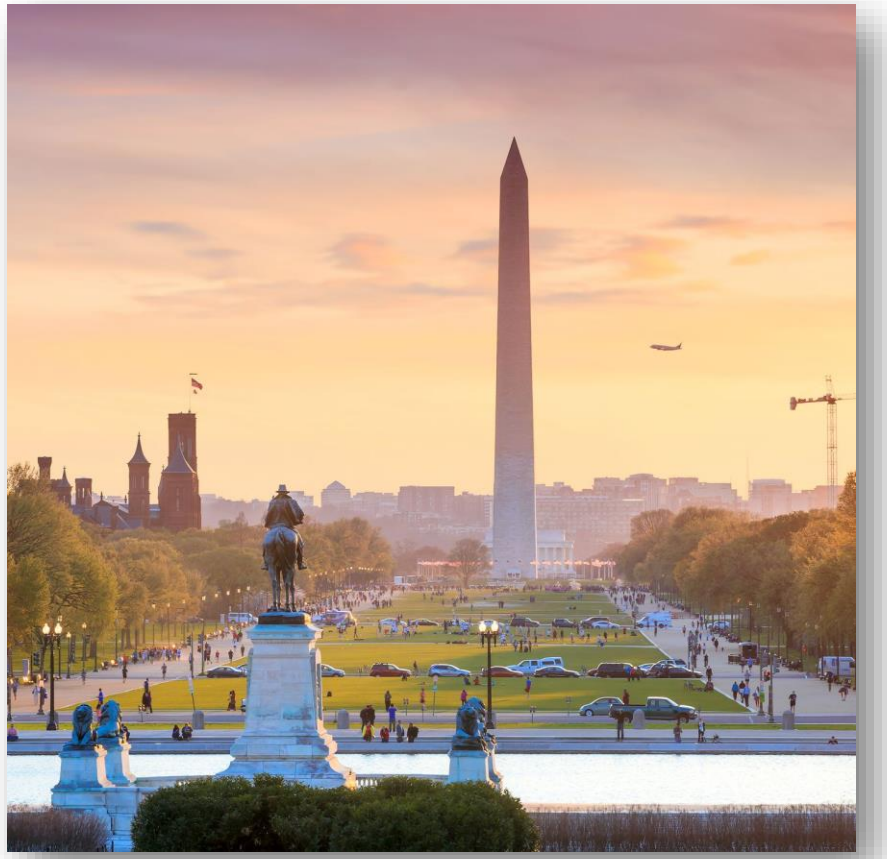
AGENDA

I. Rural Health Clinic Burden Reduction Act
   I. What does it do?
   II. How you can help us advocate
II. Telehealth Beyond 2024
   I. Telehealth Policy Goals
   II. Unsettled Policy Questions
   III. Expected Action at the end of 2024
III. Medicare Advantage Growth
   I. Creating a RHC floor payment
IV. The 2024 Physician Fee Schedule
   I. What to expect
   II. What we hope it will include
V. Q&A



How many pieces of legislation has Congress passed this year?

- 3 (2 of which are joint resolutions)

- Declassifying documents pertaining to the origin of COVID-19
- Terminating the COVID-19 National Emergency (but not PHE) early ~ Passed April 10th
- Nullifying the District of Columbia's criminal code

Legislative Paths in Divided Government ~ 2023

- Three lanes in a divided government
- **Lane 1** – Uncontroversial, generally cost-free pieces of legislation
- **Lane 2** – The bipartisan bill of substance (SUPPORT Act, Safer Communities Act, CHIPS act)
- **Lane 3** – Must-pass pieces of legislation (Consolidated Appropriations Act, 2021, 2022, 2023)

- Fourth lane when there is one-party control but not 60 votes in the senate:
- **Lane 4** – Budget Reconciliation Process (Inflation Reduction Act, American Rescue Plan)

Debt Ceiling Negotiations

- Must pass piece of legislation
  - Last go-around led to the 2% Medicare sequestration
  - Claw back of unspent COVID-19 funding
  - Republicans are pushing strongly to include Medicaid work requirements
  - Possible that reimbursement changes such as site-neutral healthcare policy could be included (more likely to be included in CAA of 2024, if at all)

RURAL HEALTH CLINIC BURDEN REDUCTION ACT ~ S. 198

- Top legislative priority for NARHC, at the moment
- Realistic because the legislation is:
  - Uncontroversial
  - Cost neutral
  - Bipartisan
- Does not represent everything we would want the Congress to do, instead represents everything the current Congress might be able to feasibly pass…




RURAL HEALTH CLINIC BURDEN REDUCTION ACT ~ S. 198

- Modernizes RHC physician supervision requirements by aligning them to state scope of practice laws governing PA and NP practice.
- Removes a requirement that RHCs must "directly provide" certain lab services on site and allows RHCs to satisfy this requirement if they have *prompt access* to the required lab services.
- Removes a redundant requirement that RHCs employ a PA or NP (as evidenced by a W2) and allows RHCs to satisfy the PA, NP, or CNM utilization requirements through a contractual agreement if they choose to do so.
- Fixes our "urbanized area" issue in the statute which is currently causing significant disruption to RHC Development.
- Allows RHCs to provide a majority of behavioral health services if they are located in a mental health-Health Professional Shortage Area (HPSA).

If you want to help advocate

TELEHEALTH POLICY

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	Telehealth Services but <u>not</u> considered a telehealth "visit"
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	
Telehealth Visits	One to one substitutes for in-person services/visits List of allowable services maintained by CMS	**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	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	★

NARHC TELEHEALTH POLICY OBJECTIVES FOR RHCS

- Normal coding
- Normal cost reporting
- Normal payment
- Normal billing
- Pay telehealth encounters through AIR system
  - If we get AIR for medical telehealth, then what should be the guardrails?

TELEHEALTH GOOD NEWS/BAD NEWS

GOOD NEWS	BAD NEWS
• Several pieces of legislation introduced already in this Congress that will achieve our policy priority • It is the industry expectation that Congress will continue coverage of telehealth	• Unlikely to get much movement on any telehealth legislation until we are close to "telehealth cliff" at the end of 2024 • Probable that Congress will pass more temporary extensions, not permanent policy

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?

MEDPAC STUDY DUE JUNE 2023

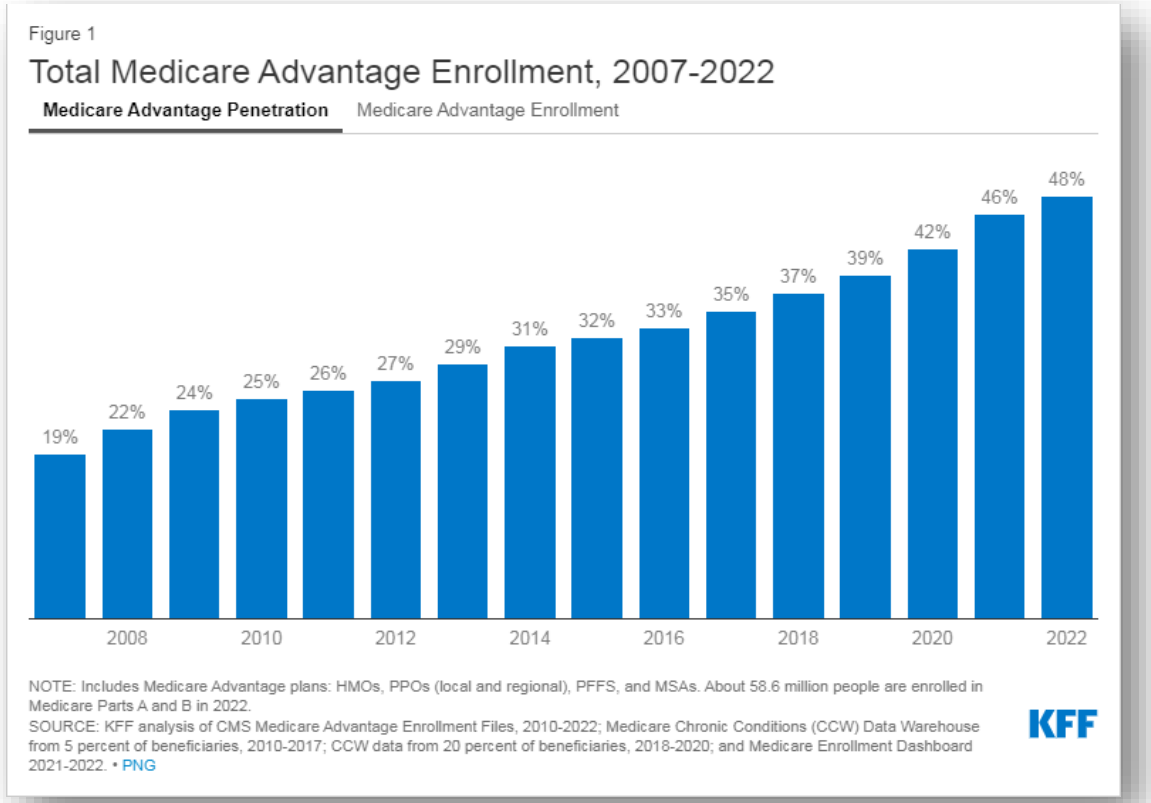
- Consolidated Appropriations Act of 2022 directed MedPAC to analyze telehealth policy
- The legislation mandates that the study analyze:
  - "The utilization of telehealth services under the Medicare program…
  - Medicare program expenditures…
  - Medicare payment policy for telehealth services and alternative approaches to such payment policy, including for federally qualified health centers and rural health clinics."

IS TELEHEALTH A THREAT?

- Does Telehealth fundamentally alter what it means to have "access" to healthcare?
  - Will physical proximity to a provider mean less?
- Will RHCs find themselves competing with city-based entities offering telehealth services to their patient-base?

MEDICARE ADVANTAGE GROWTH

- RHCs have no formal reimbursement benefit from Medicare Advantage plans
- There are some old and relatively unclear policies that provide protections for RHCs that are Out-of-Network providers
- If an RHC agrees to a contract with the MA plan, then the RHC must bill (and be paid) according to the terms of that contract



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

2024 PFS PROPOSED RULE ANTICIPATED ISSUES

- **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)

STAY UP TO DATE!

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