

# Rural Health Updates

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# Today's Presentation

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## CMS Vision

*“First I want to articulate to you that we think it will take a concerted and proactive effort on our part– like everyone’s– to help make the kind of progress in rural health care that we think is so vital” Andy Slavitt – Annual Policy Institute of National Rural Health Association in Washington, D.C. on February 2, 2016.*

# Rural Health Council

CMS created the Rural Health Council, an internal working group, to improve coordination and collaboration within CMS and among CMS programs pertaining to rural health issues.

# Rural Health Council Objectives

**1**

Ensuring access to high quality health care to all Americans in rural settings.

**2**

Addressing the unique economics of providing health care in rural America.

**3**

Bringing the rural health care focus to CMS' health care delivery and payment reform.

# RURAL HEALTH UPDATES

# Updates

- RHC Billing Changes
- Chronic Care Management (CCM) Services
- RHC Chapter 13 Revisions
- Quality Payment Program (QPP)

# Billing Updates for RHC

Change Request # 9269:  
Effective April 1, 2016

- RHCs are required to report the appropriate HCPCS code for each service line along with the revenue code and other codes as required
- Payment for RHCs will continue to be made under the AIR when all of the program requirements are met

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9269.pdf>

# Chronic Care Management

Beginning January 1, 2016, Medicare pays separately for code 99490, non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>  
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1516.pdf>

# Chapter 13 Updates

New Information updated in Chapter 13, CMS Benefit Policy Manual. (Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services.

## Key Points:

- ✓ RHC can count the time of a nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM)
- ✓ Overview of requirements for payment of chronic care management in RHC
- ✓ Lung cancer screening using low-dose computed tomography coverage requirements

## Clarifying Information:

- ✓ Use of Modifier 59
- ✓ Payment for procedures
- ✓ Description of ambulance services that are non-covered
- ✓ Description of group services that are non-covered
- ✓ Cost reporting requirements

# The Quality Payment Program

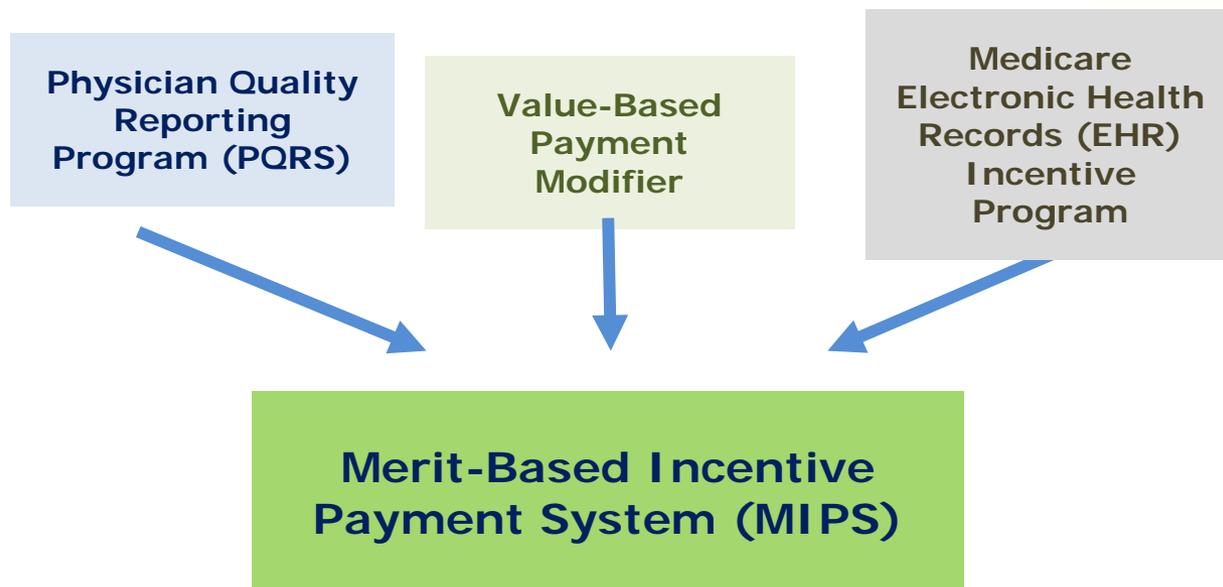
- » The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is a bipartisan legislation signed into law on April 16, 2015.

## What does Title I of MACRA do?

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare** rewards clinicians for **value** over volume
- **Streamlines** multiple quality programs under the new **Merit-Based Incentive Payment System (MIPS)**
- Provides **bonus payments** for participation in **advanced alternative payment models (APMs)**

# Overview of MIPS

**MACRA streamlines these individual quality and value programs into MIPS.**



# MACRA Affects Medicare Part B Clinicians

Affected clinicians are called “**eligible professionals**” (**EPs**) and will participate in MIPS. The types of **Medicare Part B** health care clinicians affected by MIPS may expand in the first 3 years of implementation.

Years 1 and 2



**Physicians, PAs, NPs,  
Clinical nurse  
specialists, Nurse  
anesthetists**

Years 3+

Secretary may  
broaden EP  
group to  
include others  
such as



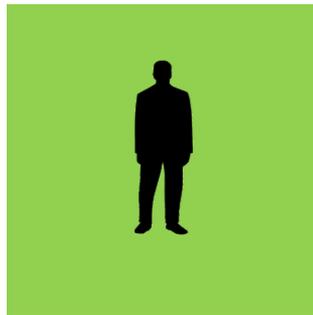
**Physical or occupational  
therapists, Speech-language  
pathologists, Audiologists,  
Nurse midwives, Clinical  
social workers, Clinical  
psychologists, Dietitians/  
Nutritional professionals**

# Are There Any Exceptions to Participation in MIPS?

There are **3 groups** of clinicians who will NOT be subject to MIPS:



**FIRST** year of Medicare Part B participation



Below **low** patient volume threshold



Certain participants in **ELIGIBLE** Alternative Payment Models

*Note:* MIPS **does not** apply to hospitals or facilities

# Quality Payment Program and CAHs

- » Method I: MIPS adjustment would apply to payments made for items and services billed by MIPS eligible clinicians under the PFS
  - Would not apply to the facility payment to the CAH
  
- » Method II: For clinicians who have not assigned their billing rights to the CAH, the MIPS adjustment would apply in the same manner as for MIPS eligible clinicians who bill for items and services in Method I CAHs.
  
- » Method II: For clinicians who have assigned their billing rights to the CAHs, those professional services would constitute “covered professional services” because they are furnished by an eligible clinician and payment is “based on” the PFS
  - MIPS payment adjustment would apply

# Quality Payment Program and RHCs & FQHCs

- » If a MIPS eligible clinician furnishes items and services in an RHC and/or FQHC and the RHC and/or FQHC bills for those items and services under the RHC's or FQHC's all-inclusive payment methodology, the MIPS adjustment would not apply to the facility payment to the RHC or FQHC itself
  - These eligible clinicians have the option to voluntarily report on applicable measures and activities for MIPS
  - Would not be subject to MIPS adjustments
  
- » If a MIPS eligible clinician furnishes other items and services in an RHC and/or FQHC and bills for those items and services under the PFS, the MIPS adjustment would apply to payments made for items and services

# Technical Assistance Implementation Plan

- » CMS, ONC and HRSA are working together to ensure the greatest reach with the available funding through a procurement that will allow QIOs, RECs and RHCs to partner together and emphasize each others strengths
- » Awardees will be determined using a Value Equation that factors in number of clinical practices reached and outcomes proposed

## **NPRM: Seeking Comments on Rural Specific Items**

- » We seek comments on the feasibility of these clinicians voluntarily reporting to MIPS
- » We seek comments on whether anything voluntarily reported should get posted on Physician Compare
- » We make proposals on how these clinicians count toward becoming a Qualifying APM Participant
- » We discuss how these payments are not used in determining the advanced APM bonus

## QPP Resources

- » CMS EHR Incentive Programs website:
  - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- » MIPS and MACRA website:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>



# How to Submit Comments

- » The proposed rule includes proposed changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on June 27, 2016. When commenting refer to file code CMS-5517-P.
  
- » Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
  - [Regulations.gov](http://Regulations.gov)
  - by regular mail
  - by express or overnight mail
  - by hand or courier
  
- » For additional information, please go to:  
<http://go.cms.gov/QualityPaymentProgram>

CMS Resources

# **RURAL HEALTH RESOURCES**

# Rural Health Resources

CMS website offers valuable resources:

- ✓ Medicare Benefit Policy Manual 100-02, Chapter 13:  
✓ <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>
- ✓ Medicare Claims Processing Manual 100-04, Chapter 9:  
✓ <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf>
- ✓ RHC Billing Guide (Special Edition SE1039):  
✓ <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1039.pdf>
- ✓ RHC Center:  
✓ <http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>
- ✓ CMS website:  
✓ <http://www.cms.gov/>

# Thank You

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