



# Medicare Updates

## *Medicare through a Rural Lens*

Carmen Irwin

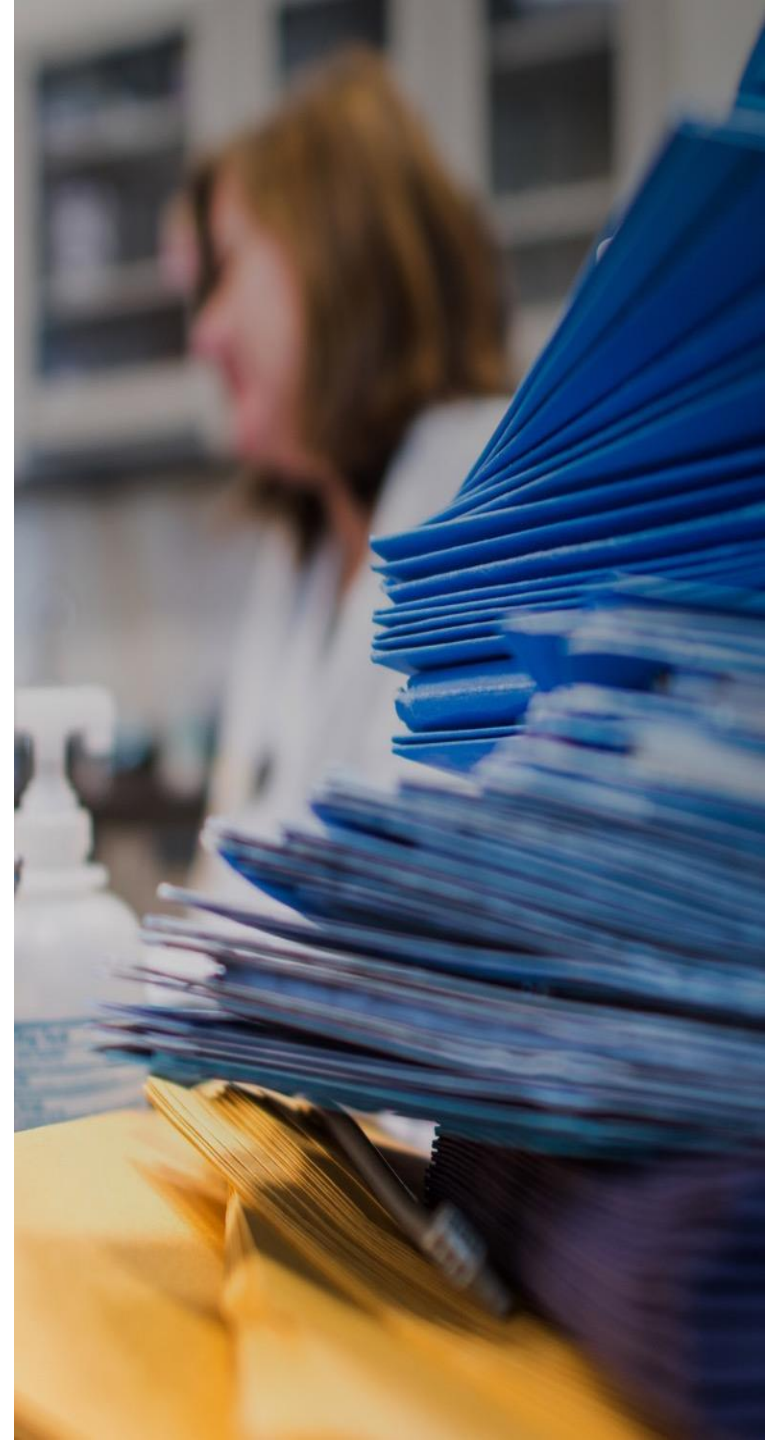
Health Insurance Specialist/ Rural Health Coordinator  
CMS Dallas Regional Office

June 26, 2018

# **PATIENTS** **OVER PAPERWORK**

## **Our top priority at CMS is putting patients first**

- CMS is committed to reducing unnecessary burden
- Increasing efficiencies
- Improving the beneficiary experience



# **PATIENTS** **OVER PAPERWORK**

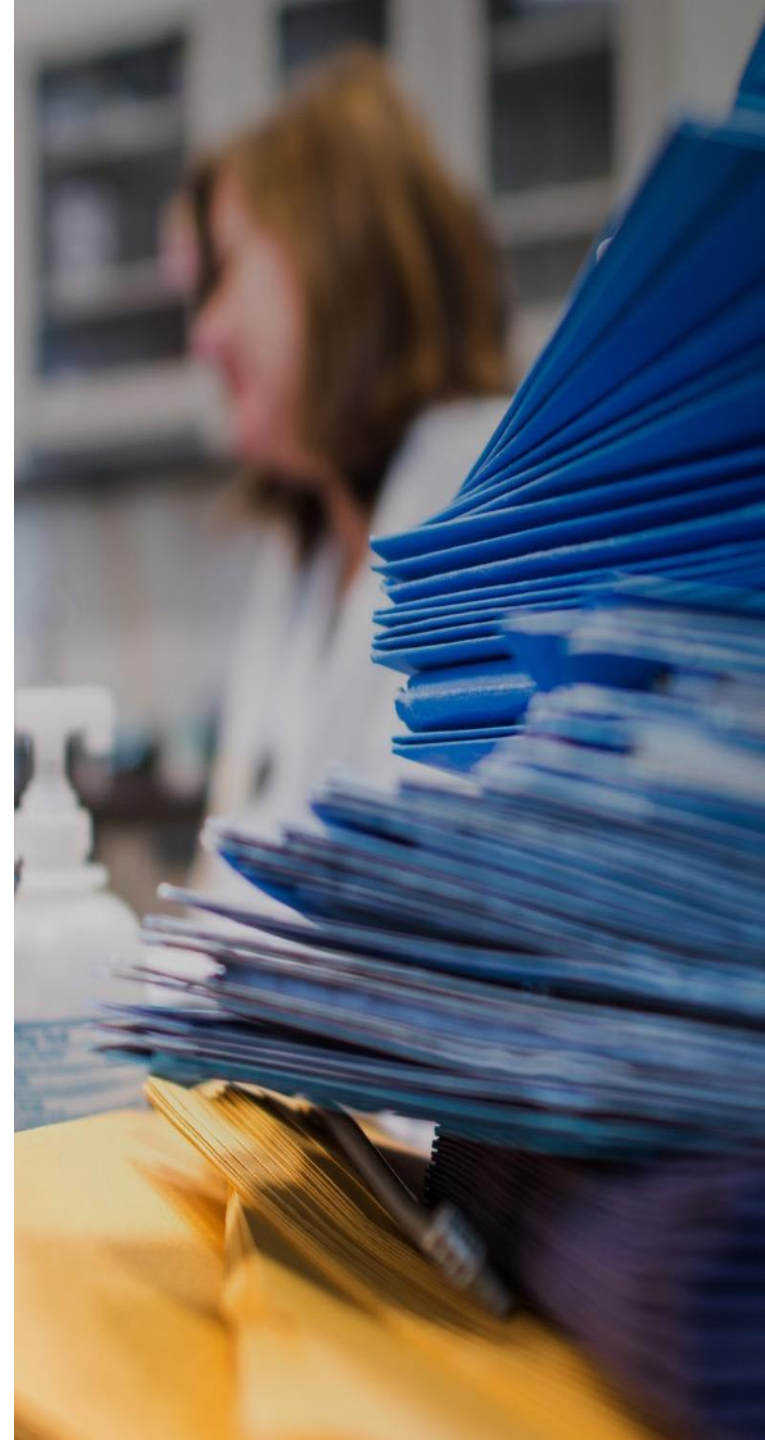
## Learn how we're putting patients over paperwork

- [Learn more about the nursing home experience](#)
- [Implementing MACRA to lessen your burden & costs](#)
- [Cutting documentation requirements](#)
- [Making the medical review process clearer](#)
- [Making it easier for people to get the treatment they need](#)
- [Making Meaningful Measures](#)
- [Lowering drug costs](#)

### **For More Information**

**Patients Over Paperwork Website and Monthly Newsletter:**

<https://www.cms.gov/About-CMS/Story-Page/patients-over-paperwork>



# Medicare IPPS and LTCH PPS FY 2019 Notice of Proposed Rulemaking

On April 24, 2018 CMS proposed changes to empower patients through better access to hospital price information, improve the use of EHRs, and make it easier for providers to spend time with their patients. The NPRM includes important proposals and Requests for Information on:

- Interoperability
- Transparency
- Meaningful Measures
- Burden Reduction
- Innovation
- Proposed changes to the IPPS and LTCH Payment Rates
- Rural Community Hospital Demonstration
- Frontier Community Health Integration (FCHIP) Demonstration

FY 2019 NPRM period closes June 25, 2018



# Medicare IPPS and LTCH PPS FY 2019 Notice of Proposed Rulemaking

## Interoperability

Proposed policies begin implementing core pieces of My HealthEData initiative through several steps to strengthen interoperability or the sharing of healthcare data between providers.

Overhaul the Medicare Medicaid Electronic Health Record Incentive Programs (“Meaningful Use”):

- make the program more flexible and less burdensome,
- emphasize measures that require the exchange of health information between provider and patients, and
- Incentivize providers to make it easier for patients to obtain their medical records electronically





# CY 2018 Rulemaking

## Medicare Physician Fee Schedule

### Telehealth

- Added new codes to the telehealth list for 2018
  - HCPCS code G0296 (visit to determine low dose computed tomography eligibility);
  - CPT code 90785 (Interactive Complexity);
  - CPT codes 96160 and 96161 (Health Risk Assessment);
  - HCPCS code G0506 (Care Planning for Chronic Care Management); and
  - CPT codes 90839 and 90840 (Psychotherapy for Crisis).
- Eliminated the required reporting of the telehealth modifier GT for professional claims
- Sought comment on ways to further expand access to telehealth services within current statutory authority



# CMS Rural Health Council

Established in 2016, the CMS Rural Health Council focuses on embedding a rural lens in all of the agency's work with an eye toward improving three dimensions in rural communities:

1. Ensuring access to high-quality health care for 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 initiatives.



# Feedback from Listening Sessions

- Improving reimbursement
- Adapting and improving quality measures and reporting
- Improving access to services and providers
- Improving delivery and payment models
- Engaging consumers
- Recruiting, training, and retaining the workforce
- Leveraging partnerships/resources
- Improving affordability and accessibility of insurance options

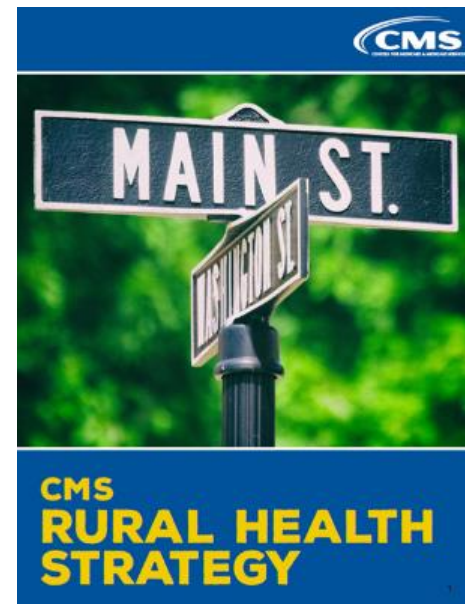




# CMS Rural Health Strategy

*May 2018 - CMS launches Agency's first rural health strategy to improve access and quality of care for rural Americans*

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>



# CMS Rural Health Strategy Objectives

1. Apply a rural lens to CMS programs and policies
2. Improve access to care through provider engagement and support
3. Advance telehealth and telemedicine
4. Empower patients in rural communities to make decisions about their health care
5. Leverage partnerships to achieve the goals of the CMS Rural Health Strategy



# Where Does Rural Fit in CMS

- Rural Issues Cross CMS Organizational Boundaries
- CMS Regional Rural Health Coordinators
- CMS Subject Matter Experts
- CMS Rural Health Open Door Forum
  - [https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF\\_RuralHealth.html](https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_RuralHealth.html)
  - RuralHealthODF@cms.hhs.gov



For More Information:

[go.cms.gov/ruralhealth](https://go.cms.gov/ruralhealth)



# Opioid Crisis

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Center

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Education

[Home](#) > Reducing Opioid Misuse

## Reducing Opioid Misuse

We're responding to the opioid epidemic by promoting safe and responsible pain management, making sure patients can access treatment for opioid use disorder, and using data to target prevention and treatment.

[See our roadmap.](#)





# Opioid Crisis – CMS Roadmap

The CMS Roadmap focuses on three key areas:

- 1) Prevention – managing pain using a safe and effective range of treatment options that rely less on prescription opioids
- 2) Treatment - expanding access to treatment for opioid use disorder
- 3) Data – using data to target prevention and treatment efforts and to identify fraud and abuse

These key areas cover a range of efforts across CMS programs, including safer prescribing standards in Medicare, targeted treatment solutions in Medicaid, coverage policy modifications, and best practices dissemination.

In our roles in leading the CMS work on this issue, Demetrios and I greatly appreciate the cross-CMS collaboration that ensures we are bringing our collective CMS expertise to bear on this important public health issue.

## [Roadmap](#)



# New Medicare Card

## New Card! New Number!

Mailing  
in 2018

### NEW Medicare Card

#### Current Medicare Card

**MEDICARE HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4222)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER      SEX  
**000-00-0000-A**      **FEMALE**

IS ENTITLED TO      EFFECTIVE DATE  
**HOSPITAL (PART A) 07-01-16**  
**MEDICAL (PART B) 07-01-16**

SIGN HERE → *Jane Doe*

**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

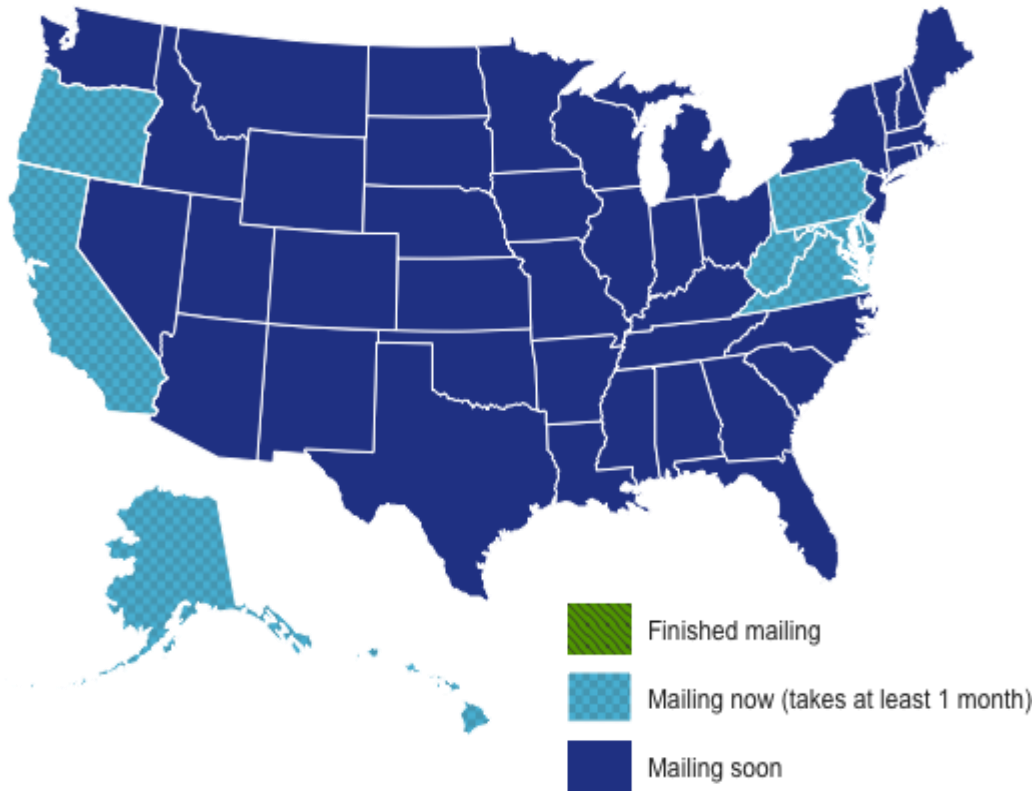
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>



CMS Product No. 12009-P  
September 2017



# New Medicare Card



## WAVE 3

Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin

**\*After June 2018**



# Contact Information

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