

2019 RHC UPDATES

ROBIN VELTKAMP/TRESSA SACREY

HEALTH SERVICES ASSOCIATES



OBJECTIVES

- Gain an understanding of the proposed RHC Modernization Act
- Gain an understanding of the new virtual communication service

RHC MODERNIZATION ACT

- On April 4, 2019, S. 1037 was introduced to the 116th Congress.
- Section I:
 - Short Title: Rural Health Clinic Modernization Act of 2019

RHC MODERNIZATION ACT

- Section 2:
 - Update Physicians, Physician Assistants and Nurse Practitioner utilization requirements
 - Old Language – “Has an agreement”
 - New Language – “Meets the requirements”
 - Allows for mid-level providers to work at the top of their State Licensure requirements

RHC MODERNIZATION ACT

- Section 3:
 - Remove outdated laboratory requirements
 - Old Language – “**including** clinical laboratory services ...and additional diagnostic services”
 - New Language – “has **prompt access** to clinical laboratory services and additional diagnostic services

RHC MODERNIZATION ACT

- Section 4:
 - Allow RHC clinics the flexibility to **contract** with Physician Assistants and Nurse Practitioners
 - Old Language – “Employs” a PA or NP
 - New Language – “AND”

RHC MODERNIZATION ACT

- Section 5:
 - Allow Rural Health Clinics to be the distant site for telehealth visits
 - Old Language – “A practitioner”
 - New Language – “practitioner **OR** rural health clinic

RHC MODERNIZATION ACT

- Section 6:
 - Include facilities located in certain areas
 - Old Language – “located in a rural area that is designated as a shortage area”
 - New Language – “...shortage area **OR** in an area that has been designated by the chief executive office of the State and certified by the Secretary as rural

RHC MODERNIZATION ACT

- Section 7:
 - Increase reimbursement for Rural Health Clinics
 - In 2020, at \$105 per visit
 - In 2021, at \$110 per visit
 - In 2022, at \$115 per visit

RHC MODERNIZATION ACT

- The bill was read twice and forwarded to the Committee on Finance.

HELPFUL TOOLS

- S.1037

https://www.barrasso.senate.gov/public/_cache/files/3afb4edb-66b0-4c84-9be6-5a8781a6d479/rural-health-clinic-modernization-act.pdf

- News Release:

<https://www.barrasso.senate.gov/public/index.cfm/2019/4/barrasso-smith-introduce-bipartisan-rural-health-clinic-modernization-act>



VIRTUAL COMMUNICATION

- Effective January 1, 2019, RHC's receive an additional payment for the costs of communication technology-based services or remote evaluation services that are not already captured in the RHC AIR when the requirement for these services are met.

VIRTUAL COMMUNICATION REQUIREMENTS

- Virtual Communication Services are optional
- The service must be provided by a practitioner
- The service must be initiated by an established patient

VIRTUAL COMMUNICATION REQUIREMENTS

- The medical discussion or remote evaluation is for a condition **NOT RELATED** to an RHC service provided within the previous 7 days
- The medical discussion or remote evaluation **DOES NOT LEAD** to an RHC visit within the next 24 hours **OR** the soonest available appointment

VIRTUAL COMMUNICATION VS. TELEHEALTH

Virtual Communication	Telehealth
Patient must initiate	May be scheduled
Brief discussion to determine if a visit or other care is necessary	Substitute for an “in-person” visit
Based on avg. national non-facility payment rate and updated annually	Paid at the same rate as any other RHC visit
No definition of location for provider or patient	Provider is at distant site – Patient is at originating site (RHC)

VIRTUAL COMMUNICATION

- There are no limitations on number of communications per beneficiary
- Co-insurance and deductibles still apply
 - Beneficiary consent needs to be obtained

VIRTUAL COMMUNICATION

- The communication must require the skill of a practitioner.
- If a nurse or other clinical staff person could conduct the call, it does not qualify

VIRTUAL COMMUNICATION

- Patient may contact provider by:
 - Telephone
 - Integrated audio/video system
 - Store-and-forward method
 - Picture
 - Video

VIRTUAL COMMUNICATION

- Provider may respond through:
 - Telephone
 - Audio/video
 - **Secure** text messaging
 - Email
 - Patient portal

HELPFUL TOOLS

- CMS Benefit Policy Manual, Chapter 13, Section 240

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

- 2019 PFS proposed and final rule

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>

- CMS Virtual Communication FAQ

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>







- Robin VeltKamp, RHC Quality Assurance and Education Email: rveltkamp@hsagroup.net
- Tressa Sacrey, Compliance Analyst
Education Email: tsacrey@hsagroup.net
- Health Services Associates, Inc. 2 East Main Street
Fremont, MI 49412
- PH: 231.924.0244 FX: 231.924.4882
- www.hsagroup.net