Washington Update

Federal RHC Updates

Sarah Hohman
Agenda

• Updates
  • 2023 Medicare Physician Fee Schedule
  • Public Health Emergency Update
  • Medicare Sequester
  • Telehealth Policy Post PHE
  • Behavioral Health – President’s Budget
  • COVID-19 Therapeutics Program
2023 Medicare Physician Fee Schedule

• Proposed rule released July 7th
• Comments due September 7th
• Final rule expected mid-November
• Policies, if finalized, in effect January 1, 2023
2023 MPFS Relevant Provisions

RHC Payment Methodology

• CMS proposes that MACs use the cost report ending in 2020 (or 2021 for RHCs that don’t have an AIR established for 2020 services furnished) that reports costs for 12 consecutive months
2023 MPFS Relevant Provisions

New Care Management Codes Billable in RHCs

• Chronic Pain Management (CPM)
• General Behavioral Health Integration (GBHI)

• Billed under G0511 which is currently a consolidated fee schedule rate of 6 codes ($79.25 in 2022)
  • The addition of these codes will not change the average used to calculate the G0511 rate, but it will continue to be updated annually
2023 MPFS Relevant Provisions

Medicare Economic Index (MEI) Rebasing

• Proposal to use new methodology to calculate MEI using 2017 publicly available data sources instead of 2006-based inputs

• NARHC is appreciative of the efforts to acknowledge issues with the outdated formula, but 2017 data remains behind the impacts of current inflation
Public Health Emergency Update

• Health and Human Services (HHS) Secretary Becerra **renewed** the PHE on July 15, 2022.
  • Renewals can be for **UP TO 90 days at a time**
  • States will receive minimum 60 days notice when the PHE is set to expire / not be renewed
2% Medicare Sequester Back in Effect

- Beginning July 1, 2022, Medicare sequester policy was fully re-implemented
  - RHCs, and all of healthcare, should now expect to receive 78.4% of allowable costs
- A similar, 4% “pay as you go” or “PAYGO” Medicare reduction is currently scheduled to kick in on January 1, 2023
  - There is industry wide expectation that Congress will again waive this payment reduction

The use of the sequester has long since been part of the games of political/budget chicken with significant impacts on things like Medicare reimbursement! For a more in-depth history, visit NARHC.org.
Legislative Updates – Telehealth Policy Post-PHE
# Current Medicare Telehealth Billing Policies

<table>
<thead>
<tr>
<th>Name of Telehealth Service</th>
<th>Brief Description</th>
<th>How to Bill</th>
<th>Amount (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In or Virtual Care Communications</td>
<td>Remote evaluation – G2010 Brief communication with patient (5 min) – G2012</td>
<td>G0071 No modifier necessary Rev Code 052X</td>
<td>$23.88</td>
</tr>
<tr>
<td>Chronic Care Management</td>
<td>99484, 99487, 99490, 99491, 99424, and 99425 = G0511 99492, 99493 = G0512</td>
<td>G0511 – Care Management G0512 – Psychiatric Care Management</td>
<td>G0511 - $79.25 G0512 - $151.23</td>
</tr>
<tr>
<td>Digital e-visits</td>
<td>Online digital evaluation and management 99421-99423</td>
<td>G0071 No modifier Rev Code 052X</td>
<td>$23.88</td>
</tr>
<tr>
<td>Telehealth Visits</td>
<td>One to one substitutes for in-person services/visits List of allowable services maintained by CMS</td>
<td>G2025 Modifier 95 optional Modifier CS (for services where cost sharing is waived) Rev Code 052X Costs and encounters carved out of cost report</td>
<td>$97.24</td>
</tr>
<tr>
<td>Mental Health Telehealth Visits</td>
<td>CPT Codes that can be billed with 0900 revenue code</td>
<td>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</td>
<td>All-Inclusive Rate</td>
</tr>
</tbody>
</table>
Medicare Telehealth in the Future

• Without Congressional action, medical telehealth waivers will expire 151 days after the end of the PHE.
  • Mental health via telehealth is permanently covered by Medicare but the in-person requirements are set to kick-in 151 days after the PHE expiration.

• In late July, the House broadly passed H.R.4040, to extend current telehealth waivers through December 31, 2024.
  • While NARHC is supportive of many of these provisions, the continuation of G2025 remains problematic.
Behavioral Health Provisions in President Biden’s Proposed Budget
RHC Provisions – March 2020

RHC Behavioral Health Initiative

• $10 million for a RHC grant program – funding RHCs where there is no behavioral health provider (“fund the salary of a behavioral health provider, address provider burnout, and expand the availability of services such as mental health screenings, counseling, and therapy.”)

Modernize Medicare Mental Health Benefits

• Allow payment to RHCS/FQHCs for Licensed Professional Counselors and Marriage and Family Therapists providing mental health services
RHC Behavioral Health Initiative Update

Outreach to Committees of Jurisdiction

- **Letters** to House HHS/Labor Appropriations Subcommittee, House Ways & Means, House Energy and Commerce, Senate Committee on Finance
- Joint meetings with NRHA and NOSORH

**House and Senate Appropriations Report Included $5 million for RHC BHI (!!!)**
- First, but very important step in establishing a grant program for RHCs
- Next steps: final appropriations package
HRSA COVID-19 Testing Supply and Therapeutics Program

• **Free, direct supply of:**
  • At-home test kits
  • Point-of-care testing supplies
  • Enrollment available [here](#)

• The newest HRSA program offers **free, direct access to COVID therapeutics**, allowing RHCs to participate in the nationwide “Test-to-Treat” program
  • Visit [narhc.org](http://narhc.org) for enrollment steps and to learn more!
Questions?

Sarah Hohman, MPH  
Director of Government Affairs  
National Association of Rural Health Clinics

202-543-0348  
Sarah.Hohman@narhc.org