

CMS Rural Health Update
Lana Dennis
Health Insurance Specialist/Rural Health Coordinator
Centers for Medicare & Medicaid Services
Atlanta Regional Office
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CMS Focus

- » Better care, smarter spending, healthier people
- » CMS Mission: As an effective steward of public funds, CMS is committed to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at lower cost.
- » Tying 50 percent of traditional Medicare payments to Alternative Payment Models by 2018

CMS Leadership


"...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


CMS Rural Health Activities


- » Additional funding for an expansion of the National Rural ACO Consortium
- » Medicaid State Innovation Model grants
- » Creative approaches to population health
- » Medicaid home health final rule
- » CMS Rural Health Council

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Rural Health Council

- » Focus areas:
 - improving access to care to all Americans in rural settings
 - supporting the unique economics of providing health care in rural America
 - making sure the health care innovation agenda appropriately fits rural health care markets

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CMS Rural Health Activities

- » CMS Rural Health Open Door Forum
Rural Health ODF: ruralhealthodf@cms.hhs.gov
- » 10 CMS Rural Health Coordinators
- » 2016 MLN Suite of Products & Resources for Rural Health Providers:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Rural-Health-Suite-ICN908465.pdf>
- » Regional Rural Health Listserv
- » Rural Health Council

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CMS Rural Health Coordinator Activities

- » Direct inquiries
- » Suggest improvements to rural health resources (manuals, fact sheets, articles, FAQs)
- » Provide input (campaigns/initiatives)
- » Monthly conference call with other rural health coordinators
- » Maintain/build relationships with rural partners
- » Share information with management/Central Office/stakeholders

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Region IV Rural Safety Net Providers



- » 198 Rural Health Clinics (RHCs) in KY
- » 18 Rural Federally Qualified Health Centers (FQHC) in KY
- » 28 Critical Access Hospitals (CAHs)

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RHCs and FQHCs

- » Effective 1/1/16, RHCs and FQHCs can bill for Chronic Care Management Services and Advanced Care Planning
- » Effective 10/1/16, RHCs and FQHCs can bill when RNs or LPNs furnish home health visits
- » New freestanding FQHC cost report and instructions published 4/22/16
- » Effective 4/1/16, RHC HCPCS coding requirement
- » Revised Chapter 13 Benefit Policy Manual

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Critical Access Hospitals


- » Temporary pause of hospital short stay reviews
- » Proposal to reduce reimbursement
- » Above average quality ratings
- » 5/3/16 Final Rule to update health care facilities' fire protection guidelines
- » Revised Recertification Checklist (S&C: 16-08-CAH)

CAHs affected by the latest Metropolitan Statistical Areas adopted by CMS have until October 1, 2016 to reclassify as rural (S&C: 15-45-CAH)

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CMS Proposed and Final Rules



- » Quality Payment Program
- » Hospital and CAH Changes to Promote Innovation, Flexibility, and Improvement in Patient Care Proposed Rule
- » Outpatient Prospective Payment System Proposed Rule
- » Physician Fee Schedule Proposed Rule
- » Inpatient Prospective Payment System Proposed Rule

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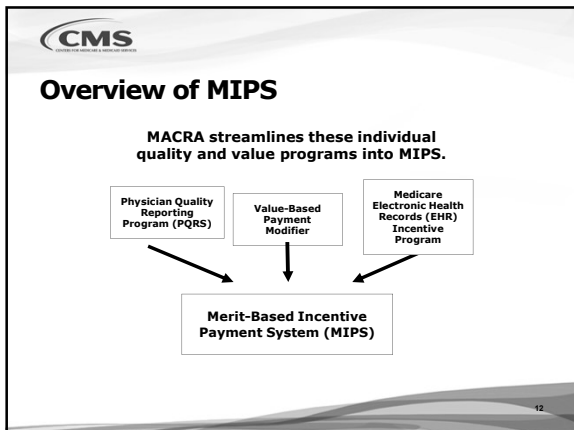
The Quality Payment Program

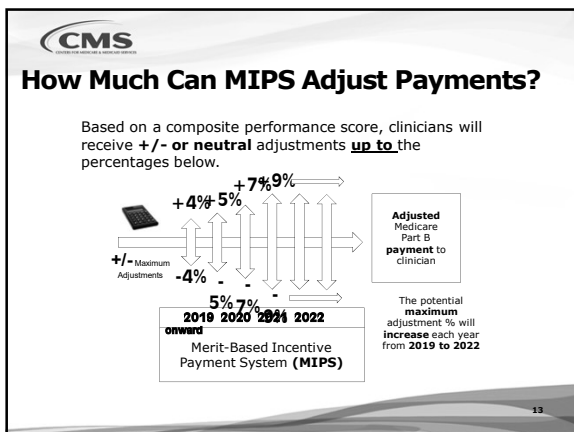
- » The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is a bipartisan legislation signed into law on April 16, 2015.

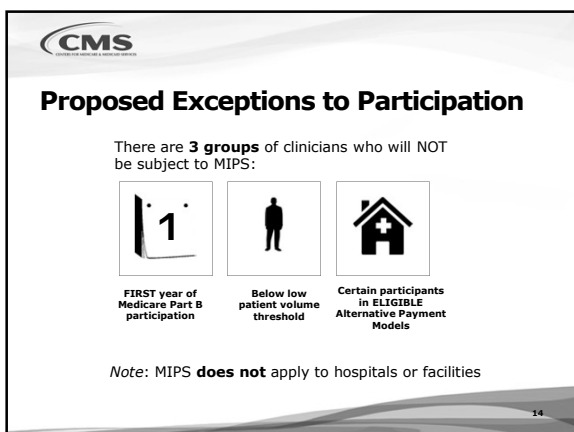
What does Title I of MACRA do?


- **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)**

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Proposed Advanced Alternative Payment Models


- » Comprehensive ESRD Care (Large Dialysis Organization arrangement)
- » **Comprehensive Primary Care Plus (CPC+)**
- » Medicare Shared Savings Program – Track 2
- » Medicare Shared Savings Program – Track 3
- » Next Generation ACO Model
- » Oncology Care Model – Two-sided risk (available in 2018)

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Quality Payment Program and CAHs


- » Method I: MIPS adjustment applies to payments made for items and services billed by MIPS eligible clinicians under the Physician Fee Schedule (PFS)
 - Would not apply to the facility payment to the CAH
- » Method II: If clinicians **have not assigned** their billing rights to the CAH, the MIPS adjustment applies in the same manner as for MIPS eligible clinicians who bill for items and services in Method 1 CAHs.
- » Method II: If clinicians **have assigned** their billing rights to the CAHs, professional services constitute “covered professional services” because they are furnished by an eligible clinician and payment is “based on” the PFS
 - MIPS payment adjustment applies

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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 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

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NPRM: Seeking Comments on Rural Specific Items


- » The feasibility of RHC/FQHC clinicians voluntarily reporting to MIPS
- » Voluntarily reported data posted on Physician Compare
- » How RHC/FQHC clinicians count toward becoming a Qualifying APM Participant
- » How payments are not used in determining the advanced APM bonus
- » Comment period ended 6/27/16

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**MACRA Technical Assistance
Helping MIPS-eligible Clinicians in 2016-2020**


- » For small practices and practices in health professional shortage areas
- » Guidance/ assistance to MIPS eligible professionals in practices of 15 or fewer professionals
 - Priority given to practices located in rural areas, health professional shortage areas, and medically underserved areas, and practices with low composite scores
- » Focus on the performance categories and how to transition to the implementation of and participation in an APM

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Outpatient PPS Proposals


- » Section 603 of the Bipartisan Budget Act of 2015 to change payments to certain items and services provided by certain hospital off-campus outpatient departments
- » Continued adjustment of 7.1 percent for rural Sole Community Hospitals
- » 90-day Electronic Health Record reporting period in 2016
- » Removal of the pain management dimension from the Hospital Value-Based Purchasing program
- » Comment period ends 9/6/16

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Hospital and CAH Changes to Promote Innovation, Flexibility, and Improvement in Patient Care Proposed Rule


- » Infection prevention and control program
- » Antibiotic stewardship program
- » Anti-discrimination policy
- » Quality assessment/performance improvement program
- » Patient nutritional requirement
- » Elimination of the CAH disclosure of ownership requirement
- » Comment period ends 8/16/16

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Physician Fee Schedule Proposed Rule


- » Allow general supervision requirements for Chronic Care Management (CCM) and Transitional Care Management (TCM) Services in RHCs and FQHCs
- » Proposed changes to keep the CCM requirements for RHCs and FQHCs consistent with the CCM requirements for practitioners billing under the Physician Fee Schedule (Part B)

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Physician Fee Schedule Proposed Rule

- » Additions to telehealth services:
 - End-stage renal disease (ESRD) related services for dialysis
 - Advance care planning services
 - Critical care consultations furnished via telehealth using new Medicare G-codes
- » New telehealth place of service code for distant site practitioner services
- » Expanded Medicare payment for the Diabetes Prevention Program beginning 1/1/18
- » Comment period ends 9/6/16

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Inpatient PPS Final Rule

- » Operating payments: 1% increase
Uncompensated care payments: .04% decrease
- » Medicare Outpatient Observation Notice (MOON)
- » Medicare Dependent Hospital utilization requirement
- » Low-volume Hospital adjustment requests
- » Rural Referral Status criteria
- » MGCRB reclassification and rural designation

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Thank You!

Lana Dennis
CMS Region IV Rural Health Coordinator
Lana.Dennis@cms.hhs.gov
404-562-7379

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