Virtual Communication Services & Other New Developments for RHCs

Amanda Dennison, Senior Consultant

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Past, Present, Future

- What Already Happened:
  - Care Management Services
- What's Happening Now:
  - Payment Rate
  - Virtual Communication Services
  - KY Medicaid Partner Portal
- What Might Happen in the Future:
  - RHC Modernization Act of 2019

Past: Care Management Services

- Effective January 1, 2018
- RHCs and FQHCs only
- Care Management Services:
  - Transitional Care Management (TCM)
  - Chronic Care Management (CCM)
  - General Behavioral Health Integration (BHI)
  - Psychiatric Collaborative Care Model (CoCM)
- Only 1 care management code may be billed per patient each month

Care Management Services – G0511

- G0511 – Chronic Care Management (CCM) or General Behavioral Health Integration (BHI)
- Payment based on the average PFS payment for CPT codes 99490, 99487, 99487 **and** 99491
  - CPT code 99491 was added to the payment calculations effective 1/1/2019
- 2019 Payment rate for G0511 = $67.03
  - This is per member, per month (PM/PM)
- Coinsurance and deductible DO apply
- Payment is in addition to the RHC AIR

Care Management Services – G0511

- G0511 General Requirements:
  - Minimum of 20 minutes CCM or general BHI per calendar month
  - Can be furnished by auxiliary personnel under general supervision of a qualifying RHC provider (MD/DO/NP/PA/CNM)
    - Service must be supervised by a provider who is a member of the patient's primary care team
  - An initiating visit is required before CCM or general BHI can be provided to the patient.
    - Must be E/M, AWV, or IPPE visit (face-to-face only; not via telehealth)
    - Must occur no more than one-year prior to beginning care coordination services
  - Patient consent must be obtained
    - Can be verbal consent; written not required but should be documented in the medical record

Care Management Services – G0511

- G0511 General Requirements:
  - RHC provider must establish a comprehensive care plan with the patient
    - Care plan should be reviewed and updated as appropriate for the patient's care
  - Certified EHR technology is only required for CCM, but is not required for general BHI
    - If the patient meets criteria for CPT code 99484, certified EHR is required, even for general BHI
  - Patient must have **24/7** access to physicians or other qualified health care professionals or clinical staff and continuity of care with a designated member of the care team

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Care Management Services – G0511

- G0511 Patient Eligibility:
  - Patient must have multiple (2+) chronic conditions expected to last at least 12 months of until death of the patient. Chronic conditions place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.
    - Same requirements as CCM

  OR

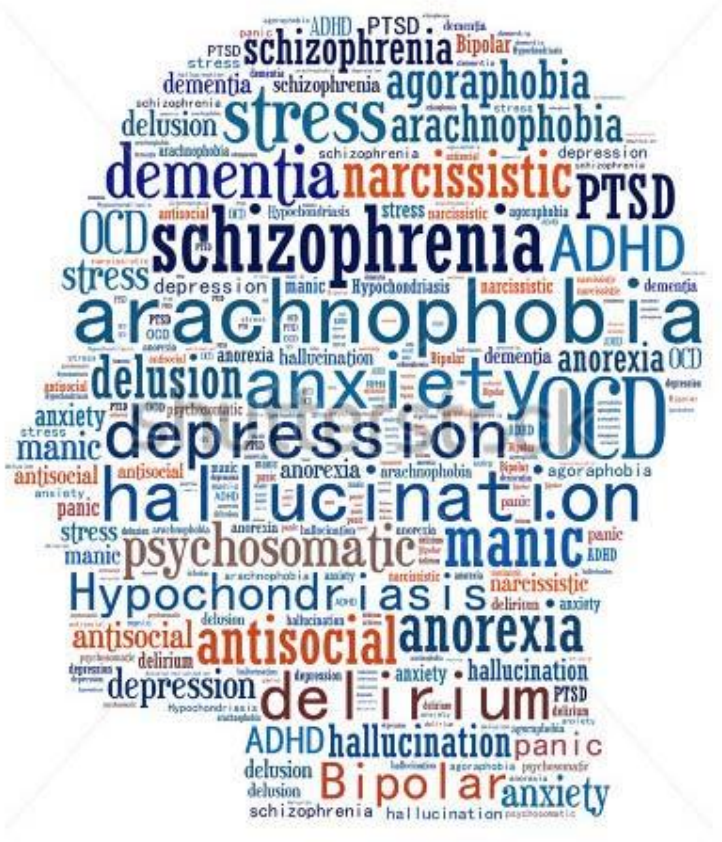
  - Patient may have any behavioral health or psychiatric condition being treated by the RHC primary care provider, that, in the clinical judgement of the RHC provider, warrants BHI services.
    - This includes substance abuse disorders

Care Management Services – G0512

- G0512 General Requirements:
  - Minimum of 70 minutes CoCM during the first calendar month and a minimum of 60 minutes in any subsequent calendar months
  - Can be furnished by auxiliary personnel under general supervision of a qualifying RHC provider (MD/DO/NP/PA/CNM)
    - Service must be supervised by a provider who is a member of the patient's primary care team
  - An initiating visit is required before psychiatric CoCM can be provided to the patient.
    - Must be E/M, AWV, or IPPE visit (face-to-face only; not via telehealth)
    - Must occur no more than one-year prior to beginning care coordination services
  - Patient consent must be obtained
    - Can be verbal consent; written not required but should be documented in the medical record

Care Management Services – G0512

- G0512 Patient Eligibility:
  - Patient may have any behavioral health or psychiatric condition being treated by the RHC primary care provider, that, in the clinical judgement of the RHC provider, warrants psychiatric CoCM services.
    - This includes substance abuse disorders



Care Management Services – G0512

- G0512 Care Team Requirements:

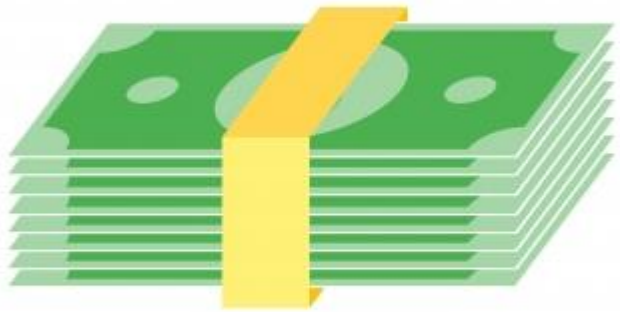
RHC Primary Care Provider

Behavioral Health Manager

Psychiatric Consultant

Present: 2019 Payment Rate

- 2019 Payment Rate for RHCs: $84.70
- Increase of $1.35 (or 1.5% according to MEI)
  - Consistent with increases over the last decade
- Part B Deductible remains at $183



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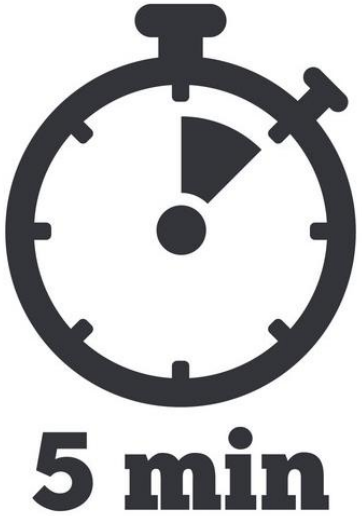
Present: Virtual Communication Services

- Effective January 1, 2019
- Billed using HCPCS code G0071
- For RHCs and FQHCs only
- No frequency limits at this time
- Coinsurance and deductible DO apply
- Payment rate set at average payment rate for communication technology-based services (G2012) and remote evaluation services (G2010)
  - 2019 rate: $13.69

Virtual Communication Services

- Requirements:
  - Minimum 5 minutes of time
  - Face-to-face requirement waived
  - Beneficiary consent should be obtained
  - Must be completed by a qualifying RHC provider
    - (MD/DO/NP/PA/CNM/CP/LCSW)
  - Patient must have been seen at the RHC within the last 12 months
  - The medical discussion or remote evaluation may not be related to a condition in which the patient was seen at the RHC within the previous 7 days
  - The medical discussion or remote monitoring cannot result in a RHC service within the next 24 hours (or the next available appointment)



Virtual Communication Services

- Scenario #1
  - Patient was seen in the RHC on June 1st for allergies. They are put on a new medication. On June 5th, patient calls the office with concerns about this new medication as they feel like it is giving them a rash. The physician instructs the patient to stop taking the medication and prescribes them a new medication. Discussion with the patient last for 6 minutes.
- Scenario #2
  - Patient is seen in the RHC on June 5th for high blood pressure. The next day, the patient trips and hurts their ankle while doing yard work at home. Patient sends the nurse practitioner a picture asking if it looks broken. The nurse practitioner tells them to rest, ice, elevate but it does not look broken. Time elapsed is 4 minutes.

Virtual Communication Services

- Scenario #3
  - Patient has not been seen at the RHC since 2017. They text their CNM regarding some irregular bleeding. After a discussion lasting for 7 minutes, the CNM determines that the irregular bleeding is normal since they have an IUD, but does tell the patient to watch for additional signs of a problem.
- Scenario #4
  - Patient is seen in the office on May 27th for an upper respiratory infection. On June 4th the patient calls the RHC because they still have a slight cough. The PA calls the patient back to ask some additional questions and determines that they do not need to be seen in the office, but to finish their antibiotic and try some at home remedies to alleviate their coughing. The discussion lasts for 5 minutes.

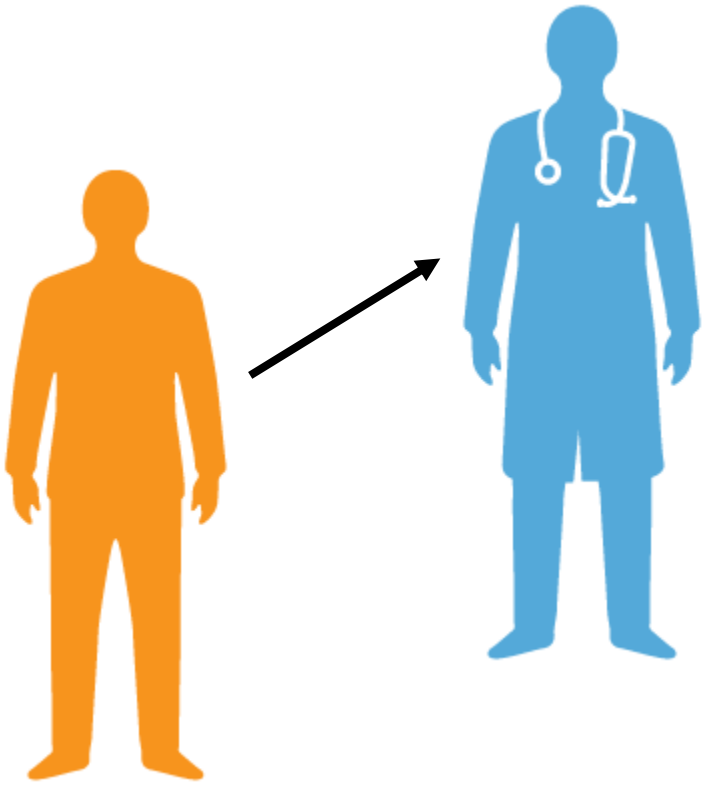
Virtual Communication Services

- What is “technology-based communication”?
  - Telephone call
  - Integrated audio/video system (i.e. FaceTime, Skype)
  - Store-and-forward methods (i.e. picture or video)

- What are acceptable methods for responding to a patient?
  - Telephone
  - Audio/video
  - Secure text messaging
  - Email
  - Patient portal

Virtual Communication Services

- Can the RHC initiate the communication?
  - No – VCS must be patient initiated and the patient must provide consent
  - If a provider contacts a patient to follow up on a previous visit, no additional service may be billed
- Can VCS be billed on the same claim as an otherwise qualifying visit?
  - Yes – G0071 may be billed alone or on the same claim as a billable visit



Virtual Communication Services

- Can any cost associated with VCS (i.e. software or management) be included on the cost report?
  - Yes – They should be reported in the “Other than RHC/FQHC Services” section of the cost report
  - These costs are not used in determining the RHC AIR and do not count toward the productivity requirement for RHC providers

- Is VCS the same thing as telehealth?
  - No – Telehealth is intended to take the place of an office visit. VCS is intended for discussion between a patient and a RHC provider to determine if a visit is necessary.
  - Both VCS and telehealth may use interactive audio/video communication

Virtual Communication Services

- Challenges
  - Time based service – recording accurate time elapsed or start/stop times
  - Documentation – documenting the discussion with a patient to show that all VCS billing requirements are met
  - Medical Necessity – to bring them in or not to bring them in?

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Virtual Communication Services

- Benefits
  - Getting paid for patient communication that has long been viewed as “time consuming but necessary”
  - Potentially keeping patients out of the RHC for unnecessary reasons
  - Open lines of communication between patients and providers without overcrowding your RHC schedule

Present: Kentucky Medicaid Partner Portal Application (KY MPPA)

- Rolled out to all providers as of May 31, 2019
- Required use effective July 1, 2019
- *"A CHFS initiative to streamline and automate Kentucky's current paper-based Medicaid program enrollment process."*
- Allows users to complete online screenings, enrollment and maintenance tasks for an individual, group or entity.
  - You can have an authorized delegate.
- KY MPPA will be used by DMS staff to review enrollments.
- https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx

Future: RHC Modernization Act of 2019

- Introduced on April 4, 2019 by Senator John Barrasso (R – Wyoming) and Senator Tina Smith (D – Minnesota)
- Aims to provide regulatory relief for RHCs while improving reimbursement
- The RHC Regulations have not changed since they were introduced in 1977 (That's 42 years!)

RHC Modernization Act of 2019

- Key Elements:
  1. Update regulations regarding the use of Physician Assistants and Nurse Practitioners bringing statute up to date with current state laws
  2. Updating regulations regarding required lab equipment
  3. Increasing reimbursement for RHCs
     - The RHC AIR has not been legislatively updated since 1988 (For reference – I was born in 1987…)
     - Here's what the proposed reimbursement would look like:
       - 2020 = $105 per visit
       - 2021 = $110 per visit
       - 2022 = $115 per visit
       - Subsequent years = increased by the percentage increase in the MEI

RHC Modernization Act of 2019

- What does that mean for RHCs…
- Average MEI increase over the last 10 years = >1%
- Since 2010, RHC rate has only increased by a total of $6.94
- It would take approximately 23 years to reach the initial increase being proposed by the RHC Modernization Act of 2019
  - It would take another 10 years to reach the top end of the proposed increase!

RHC Modernization Act of 2019

- How **YOU** can help!
  - Contact your Congressional Delegation and ask them to cosponsor the act.
    - US House of Representative – Kentucky:

      District 1 – James Comer
      District 2 – Brett Guthrie
      District 3 – John Yarmuth
      District 4 – Thomas Massie
      District 5 – Hal Rogers
      District 6 – Andy Barr

    - Don't know your district? Go to this website and type in your home zip code: https://www.house.gov/representatives/find-your-representative
    - Information for KY's two US Senators can be located here: http://www.senate.gov/states/KY/intro.htm
  - Stay informed through NARHC as they will be providing materials to assist RHCs in making impactful pitches to Senators and Representatives.

Resources:

Virtual Communication Services:

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

General Care Management Services:

- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10175.pdf

Kentucky Medicaid Partner Portal Application (KY MPPA)

- https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/pptrain.aspx
- https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx

RHC Modernization Act of 2019 – Information from NARHC

- https://www.web.narhc.org/News/27847/RHC-Modernization-Act-Introduced-by-Senator-Barrasso-and-Senator-Smith

THANKS!

Amanda Dennison

adennison@blueandco.com

502.992.3518

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