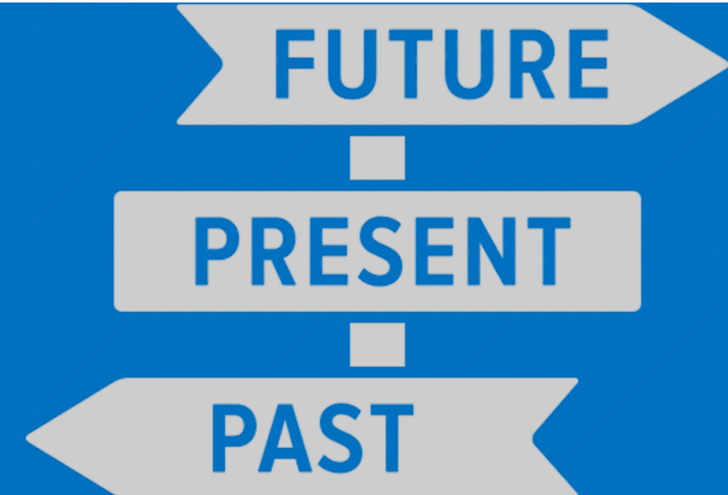
# RHC Changes:

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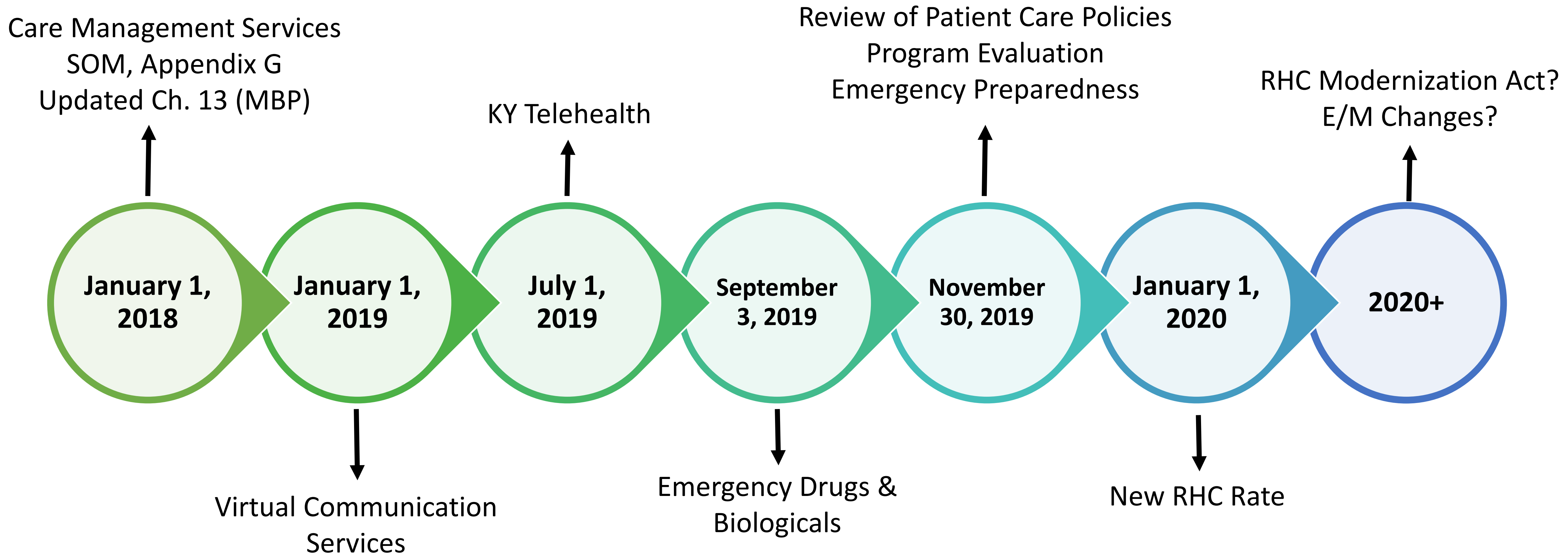
# Agenda

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# Past Changes: G0511 & G0512

- Effective January 1, 2018
- aka Care Management Services
  - G0511 – Chronic Care Management (CCM) or general Behavioral Health Integration (BHI)
  - G0512 – Psychiatric Collaborative Care Model (CoCM)
- RHC & FQHC specific codes
- G0511 Payment Rate CY 2019: $67.03
- G0512 Payment Rate CY 2019: $145.96

# Past Changes: G0511 & G0512

- G0511 Requirements
  - Patient Eligibility:
    - 2+ chronic conditions expected to last for at least the next 12 months, or until death of the patient
      - Condition must place patient at significant risk of death, acute exacerbation/decompensation, or functional decline
    - **OR –** any behavioral health or psychiatric condition being treated by the RHC primary care provider, that, in the clinical judgement of the provider, warrants BHI services
  - Time Requirement: 20 minutes of time per calendar month
    - May be from a provider or clinical staff member involved in the patient's care
    - If furnished by clinical staff, must be under the general supervision of the RHC primary care provider

# Past Changes: G0511 & G0512

- G0511 Requirements
  - Must be initiated through a E/M, AWV, or IPPE visit within the last 12 months
  - Patient must provide their consent and can revoke consent at any time
  - Patient must have a documented care plan that is updated as needed
    - For CCM – care plan information must be made available electronically within a timely manner
  - For CCM services only:
    - Certified EHR technology is required
    - Patient must have 24/7 access to a member of their care team
  - For general BHI only:
    - Continuity of care with a designated member of their care team

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# Past Changes: G0511 & G0512

- G0512 Requirements
  - Patient Eligibility:
    - Any behavioral health or psychiatric condition being treated by the RHC primary care provider, that, in the clinical judgement of the provider, warrants BHI services
  - Time Requirement: 70 minutes of time in the first calendar month, 60 minutes of time in any subsequent month
  - Specific care team members: Primary Care Provider, Psychiatric Consultant, Behavioral Health Care Manager
    - Look up the specific education and training requirements for each team member
  - Must be initiated through a E/M, AWV, or IPPE visit within the last 12 months
  - Patient must provide their consent and can revoke consent at any time
  - Patient must have a documented care plan that is updated as needed

# Past Changes: Virtual Communication Services

- Effective January 1, 2019
- VCS Requirements:
  - 5 minutes of time
  - Billed using G0071, no frequency limitations at this time
  - Communication can take place via telephone, integrated audio/video, store-and-forward, text messaging, email, or patient portal
  - Discussion cannot be related to a diagnosis or condition in which the patient was seen by a provider in the RHC within the previous 7 days, AND
  - Does not result in a visit to the RHC within the next 24 hours (or next available appointment)
  - Discussion must be between the patient and the primary care provider
  - VCS Payment for CY 2019: $13.69

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# Present Changes: Kentucky Telehealth

- Effective July 1, 2019
- Regulation: KRS 205.5591
  - *Medicaid providers using telehealth – Duties of cabinet and managed care organizations – Reimbursement for covered services – Administrative regulations – Deductibles, copayment, and reinsurance requirements – Policies and guidelines*
  - Currently only an emergency regulation
- Requirements:
  - Must be HIPAA compliant
  - Provider must be licensed in KY in order to receive reimbursement
  - May be subject to deductible, copayments, or coinsurance but shall not exceed the same requirements for the same service provided in person

# Present Changes: Kentucky Telehealth

- 907 KAR 3:170E *Telehealth service coverage and reimbursement*
  - Must be medically necessary (same as a face-to-face visit)
  - Service may take place anywhere the patient is located at the time of the service
    - Home
    - Office
    - Another clinic
    - Workplace
  - Telehealth service can be provided for the following:
    - Event
    - Encounter
    - Consultation
    - Store and forward transfer – for radiology services only
    - Referral
    - Treatment

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# Present Changes: Kentucky Telehealth

- For **Medicaid**
  - Bill the HCPCS code for the service provided, using POS 22
    - Currently not limited to a list of billable codes
  - Medicaid shall reimburse at an amount that is at least 100% of the amount paid for a comparable in person service
  - MCOs may establish a different rate for telehealth services via contract
  - A medical record for the telehealth service must be maintained and have the ability to generate a hard copy of the report
- For **Medicare** – RHCs can still only serve as the originating site
  - Bill HCPCS code Q3014, using revenue code 0780
  - Originating site fee reimbursement = approx. $26

# Present Changes: Kentucky Telehealth

- Challenges:
  - Documentation of telehealth visits
  - Telehealth for new patients?
  - Identifying patients
  - Patient paperwork
  - Scheduling
  - Completing the physical exam
  - Providing the best patient care

# Present Changes: Emergency Drugs/Biologicals

- Change released September 3rd, 2019 – effective immediately
- CMS has relaxed their policy on the required emergency drugs and biologicals for RHCs
- History: SOM Appendix G was last updated January 1, 2018 – RHCs were required to stock drugs in each of the following categories:
  - Analgesics
  - Local Anesthetics
  - Antibiotics
  - Anticonvulsants
  - Antidotes, emetics, serums & toxoids

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# Present Changes: Emergency Kit Requirements

- New language: *"While each category of drugs and biologicals must be considered, all are not required to be stored…"*
- *"…when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, the RHC should consider, among other things, the community history, the medical history of its patients, and accepted standards of practice. The clinic should have written policies and procedures for determining what drugs/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination."*

# Present Changes: Emergency Kit Requirements

- What does this mean for you?
  - Review your policies and procedures regarding emergency drugs and biologicals
  - Based on the medical history of your patients and the legitimate threats and risks in your community, what drugs/biologicals are necessary to stock at the RHC?
  - Based on the medical resources available in our community, are there certain drugs/biologicals we should consider stocking or not stocking?
  - What are our policies and procedures should an emergency arise that requires the use of a life-saving drug/biological that we do not stock at the RHC?
  - Who should review this policy for legitimacy?
  - What data/reports do we need to support our decision?

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# Present Changes: Review of Patient Care Policies and RHC Program Evaluation

- Effective November 30, 2019
- CMS has reduced the administrative burden on RHCs when it comes to completion of the Annual Evaluation and review of patient care policies
  - RHCs are now only required to complete the Annual Evaluation and the review of patient care policies on a biennial basis
  - This is a minimum – RHCs can still choose to complete this requirement annually
- What does this mean for you?
  - What do your policies currently say about the Annual Evaluation and review of patient care policies?
  - Surveyors will hold you to your policy
    - Failure to complete the RHC Annual Evaluation is a Condition Level Deficiency
  - What if I haven't done my Annual Evaluation or review of patient care policies yet for this year and the requirement has now changed?
    - Better to be "over-compliant" than non-compliant

# Present Changes: Emergency Preparedness Requirements

- Also effective November 30, 2019
- CMS has reduced the administrative burden on RHCs when it comes to Emergency Preparedness requirements
  - RHCs are now only required to complete an annual review of their Emergency Preparedness program on a biennial basis
  - RHCs are no longer required to document outreach efforts to local emergency resources
    - RHCs **are** still required to include processes for cooperation and collaboration

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# Present Changes: Emergency Preparedness Requirements

- Changes to Emergency Plan Training & Testing:
  - RHCs are now only required to provide emergency preparedness training biennially or every 2 years
    - If significant changes are made the emergency plan, training should be conducted at that time as well.
  - RHCs are now only required to complete one (1) emergency preparedness exercise each year, rather than two (2).
    - The exercise must be a community-wide event, or an individual facility based functional exercise ("mock drill") every other year.
    - In the opposite years, CMS recommends an exercise of your choosing: community-wide event, "mock drill", or a tabletop exercise/workshop.

# Future Changes: Rate Change CY 2020

- Effective January 1, 2020
- The RHC payment rate for CY 2020 will be $86.31
- This is an increase of $1.61 (or 1.9%) over the 2019 rate
- Rate changes for G0511, G0512 and G0071 are not yet finalized

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# Possible Future Changes: RHC Modernization Act

- Effective.....?
- A little background:
  - The RHC regulations were originally introduced in 1977 during President Jimmy Carter's administration
    - Many of the regulations have not been updated since then
  - April 4, 2019 – RHC Modernization Act introduced in the Senate by Senator John Barrasso (R-WY) and Senator Tina Smith (D-MN)
  - May 16, 2019 – RHC Modernization Act introduced in the House of Representatives by Rep. Adrian Smith (R-NE), Rep. Terry Sewell (D-AL), Rep. Cathy McMorris Rodgers (R-WA), and Rep. Dave Loebsack (D-IA)

# Possible Future Changes: RHC Modernization Act

- Goals of the RHC Modernization Act:
  - Remove outdated requirements for on-site laboratory equipment which is no longer used;
  - Expand the ability of NPs and PAs to provide care in RHCs;
  - Improve access to telehealth in rural areas by allowing clinics to function as a distant site to provide telehealth services;
  - Increase reimbursement for RHCs:
    - $100 in 2020
    - $105 in 2021
    - $110 in 2022
    - $115 in 2023
    - According to the MEI in 2024 and beyond*

# Questions?

**Call me: 502.992.3518**

**Email me: adennison@blueandco.com**

**Resources:**

- **Care Management Services:** https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf
- **Virtual Communication Services:** https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf
- **Kentucky Telehealth:** https://kytelecare.med.uky.edu/kytelecare-ky-tele-health-network-policies
- **Emergency Drugs & Biologicals:** https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-18-RHC.pdf
- **Review of Patient Care Policies, Program Evaluation and Emergency Preparedness:** https://www.web.narhc.org/News/28079/New-RHC-Policy-Review-Annual-Evaluation-and-Emergency-Preparation-Final-Rule-0938-AT23
- **RHC Rate Change for CY 2020:** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11498.pdf
- **RHC Modernization Act:** https://www.web.narhc.org/narhc/RHC_Modernization_Act_Advocacy.asp