



Washington Update Kentucky RHC Summit

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Overview

- ▶ NARHC Regulatory Update
 - ▶ New Appendix G
 - ▶ 2018 PFS Rule
 - ▶ 2018 QPP Rule
 - ▶ Other Trump Executive Efforts
- ▶ Modernizing RHC Provisions Report
- ▶ NARHC Political Update
 - ▶ Tax Reform Implications
 - ▶ Bipartisan Budget Act of 2018
 - ▶ Individual Market Legislation?
 - ▶ Repeal and Replace



New State Operations Manual Appendix G

- ▶ CMS released a long update to SOM Appendix G
 - ▶ Worth a read if you feel like you will be surveyed soon
 - ▶ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-09.pdf>
- ▶ While not legally binding, it can be used by surveyors to justify non-compliance
- ▶ We (NARHC) met with CMS last week to get certain things changed:
 - ▶ 1-Physician responsibility to review all records
 - ▶ 2-Clinical policies must be developed by one physician, NP, or PA outside the RHC
 - ▶ 3-Rural Health Clinics must stock costly drugs and biologicals such as snake antidote that are typically thrown out
 - ▶ 4-Survey team must include a registered nurse
 - ▶ 5-Surveyors must witness a visit
 - ▶ 6-Medical Director must practice in the RHC

2018 PFS Final Rule

- ▶ CMS finalized significant changes to the care management benefit for RHCs.
 - ▶ In 2017, RHCs could only bill for the basic CCM code (99490) which pays \$42.71
 - ▶ In, 2018 RHCs can bill HCPCS code G0511 if any of the requirements for 99490, 99487, or 99484 are met
 - ▶ The payment for G0511 is \$61.37
 - ▶ CMS added a new benefit called Psychiatric CoCM services which is to be billed whenever the conditions for CPT code 99492 or 99493 are met.
 - ▶ Psychiatric CoCM is billed as G0512 and pays \$145.08
 - ▶ CMS FAQ on these benefits for RHCs:
 - ▶ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>
- ▶ ACO attribution will no longer require attestation. Any RHC service would qualify the patient as eligible for assignment to an ACO

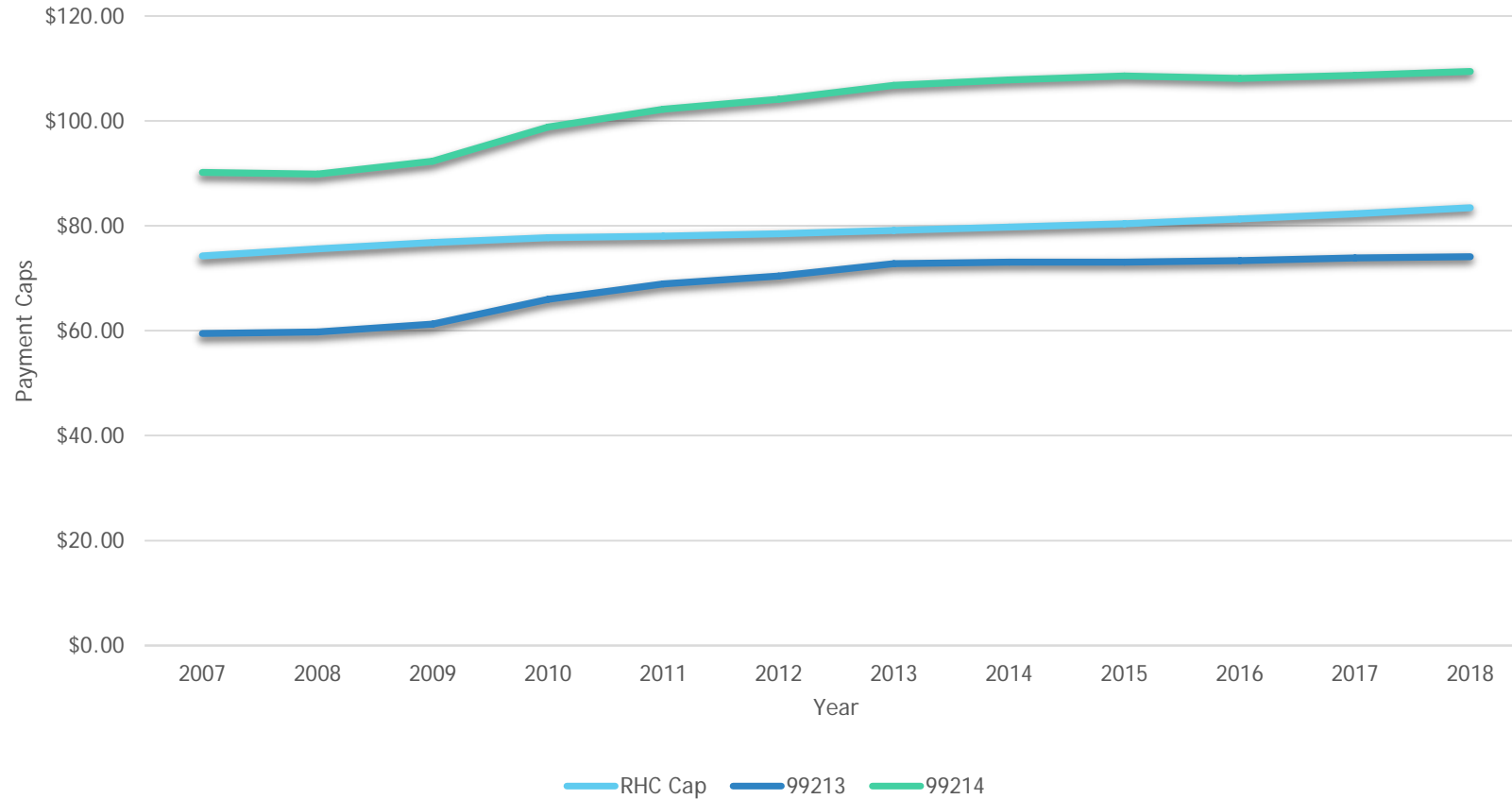
2018 Final QPP Final Rule (MACRA)

- ▶ MACRA = Medicare Access and CHIP Re-authorization Act (law)
- ▶ QPP = Quality Payment Program which is the all encompassing term for both:
 - ▶ MIPS (Merit-based Incentive Payment System) and;
 - ▶ APM (Alternative Payment Models)
- ▶ CMS greatly increased low-volume threshold in 2018
- ▶ \$90,000 part B allowable revenue or 200 Medicare part B patients
- ▶ Up from \$30,000 and 100 part B patients
- ▶ RHC AIR is not affected by QPP
- ▶ Clinicians can report individually, or a group, or as a virtual group to participate in or exempt themselves from QPP as they see fit
- ▶ Quality is coming almost certainly but NARHC has concerns about “false starts”
- ▶ How and when “quality” comes to the RHC program is unclear

National Advisory Council Report on Modernizing RHC Provisions

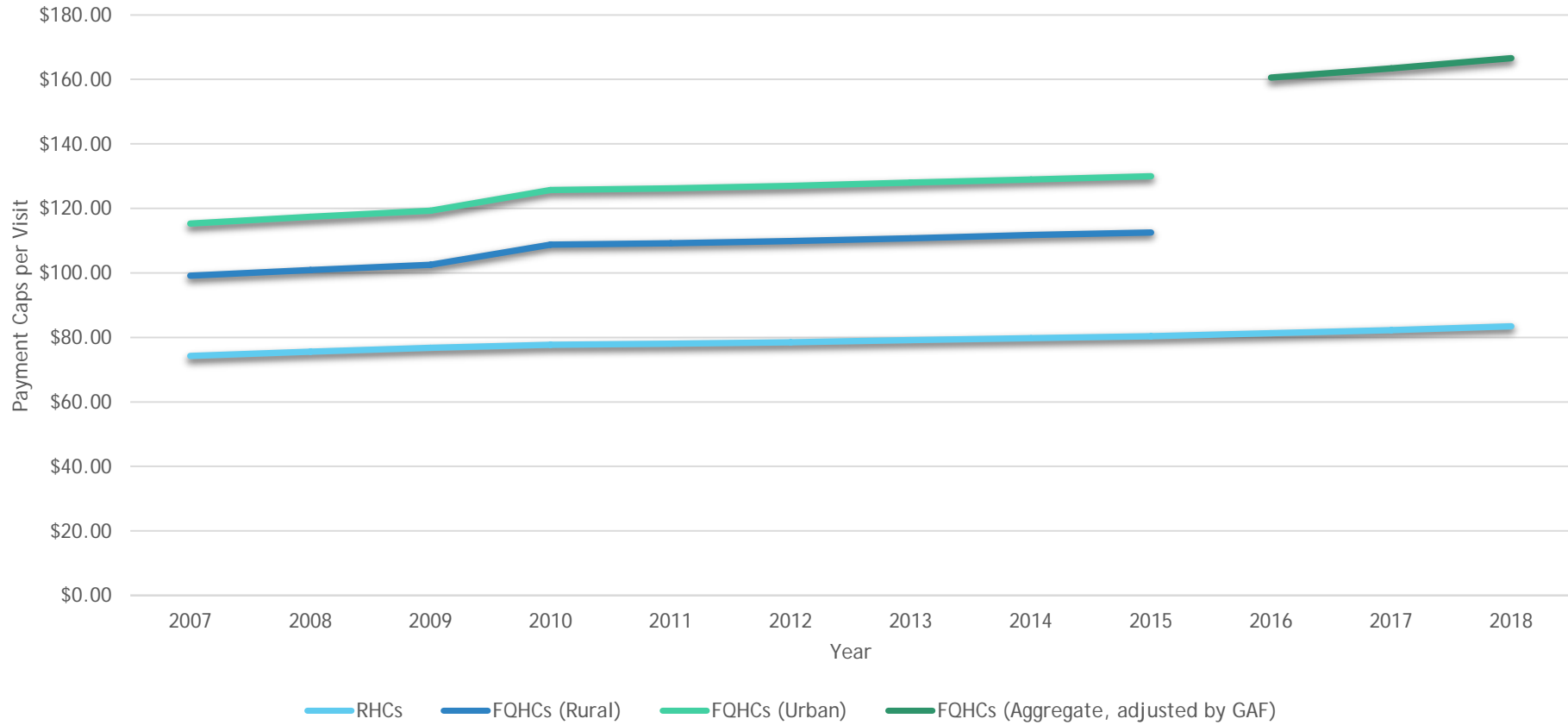
- ▶ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2017-Rural-Health-Clinic-Provisions.pdf>
- ▶ **Raising the AIR cap on RHCs**
- ▶ Grants to State Offices of Rural Health to support value-based care
- ▶ Allowing RHCs to be distant site telehealth providers
- ▶ Modernizing lab requirements
- ▶ Allowing masters trained behavioral health providers to be RHC practitioners
- ▶ Allowing RHCs to contract with PAs or NPs to fulfill the 50% requirement

Payment Caps of RHC's and PFS



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
RHC Cap	\$74.29	\$75.63	\$76.84	\$77.76	\$78.07	\$78.54	\$79.17	\$79.80	\$80.44	\$81.32	\$82.30	\$83.45
99213	\$59.50	\$59.80	\$61.31	\$66.02	\$68.97	\$70.46	\$72.81	\$73.08	\$73.12	\$73.40	\$73.93	\$74.16
99214	\$90.20	\$89.89	\$92.33	\$98.85	\$102.27	\$104.16	\$106.83	\$107.83	\$108.61	\$108.13	\$108.74	\$109.44

RHC and FQHC Payment Caps



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
RHCs	\$74.29	\$75.63	\$76.84	\$77.76	\$78.07	\$78.54	\$79.17	\$79.80	\$80.44	\$81.32	\$82.30	\$83.45
FQHCs (Rural)	\$99.17	\$100.96	\$102.58	\$108.81	\$109.24	\$109.90	\$110.78	\$111.76	\$112.56			
FQHCs (Urban)	\$115.33	\$117.41	\$119.29	\$125.72	\$126.22	\$126.98	\$128.00	\$129.02	\$130.05			
FQHCs (Aggregate, adjusted by GAF)										\$160.60	\$163.49	\$166.60

Healthcare IS Complicated

Trump ended key Obamacare payments. But bringing them back could do more harm than good.

By Dylan Scott | @dylanlscott | dylan.scott@vox.com | Mar 21, 2018, 2:40pm EDT

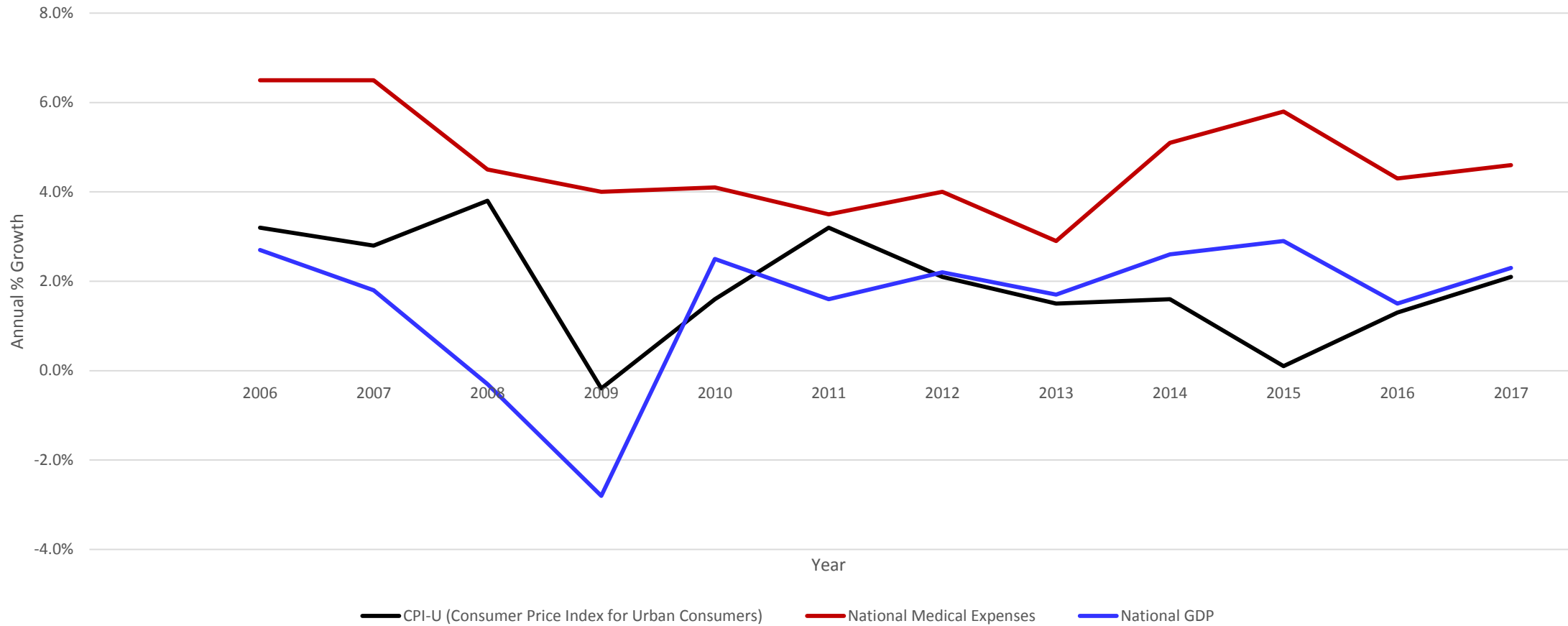
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Trump: 'Nobody knew that health care could be so complicated'

The president appears to nod to the grim political reality around repealing and replacing Obamacare.

By MADELINE CONWAY | 02/27/2017 01:15 PM EST

Healthcare Spending 2006-2017



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Average
CPI-U (Consumer Price Index for Urban Consumers)	3.2%	2.8%	3.8%	-0.4%	1.6%	3.2%	2.1%	1.5%	1.6%	0.1%	1.3%	2.1%	1.9%
National Medical Expenses	6.5%	6.5%	4.5%	4.0%	4.1%	3.5%	4.0%	2.9%	5.1%	5.8%	4.3%	4.6%	4.7%
National GDP	2.7%	1.8%	-0.3%	-2.8%	2.5%	1.6%	2.2%	1.7%	2.6%	2.9%	1.5%	2.3%	1.6%

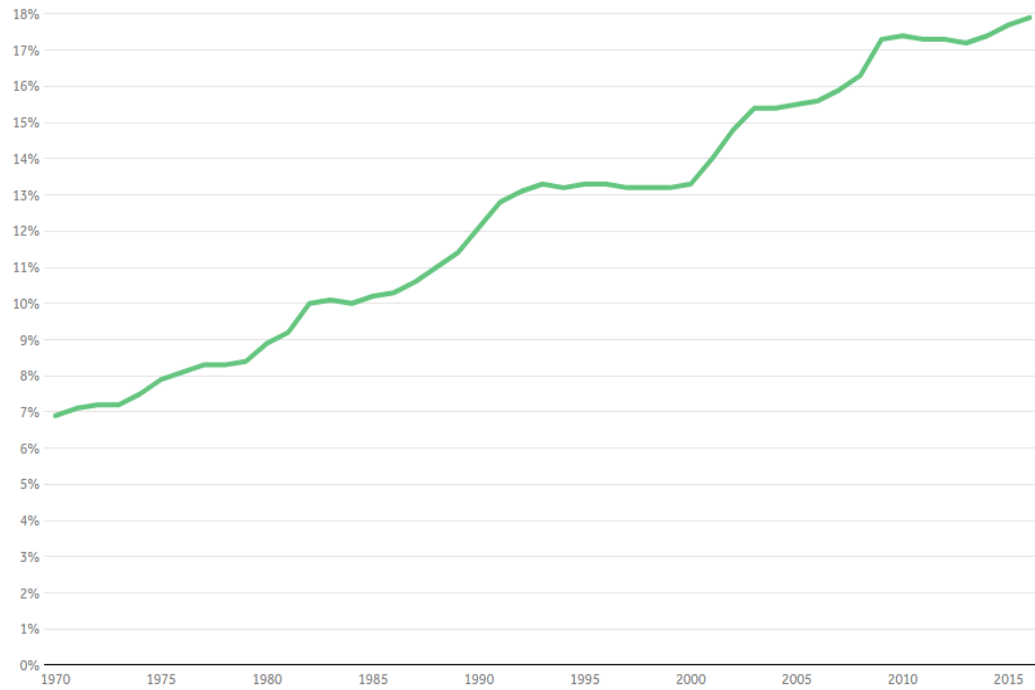
Data according to Kaiser Family Foundation, and the Center for Medicare and Medicaid Services

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/NHE-Presentation-Slides.pdf>

https://www.kff.org/interactive/premiums-and-worker-contributions/#/?coverageType=worker_contribution&startYear=2005

Health spending growth has outpaced growth of the U.S. economy

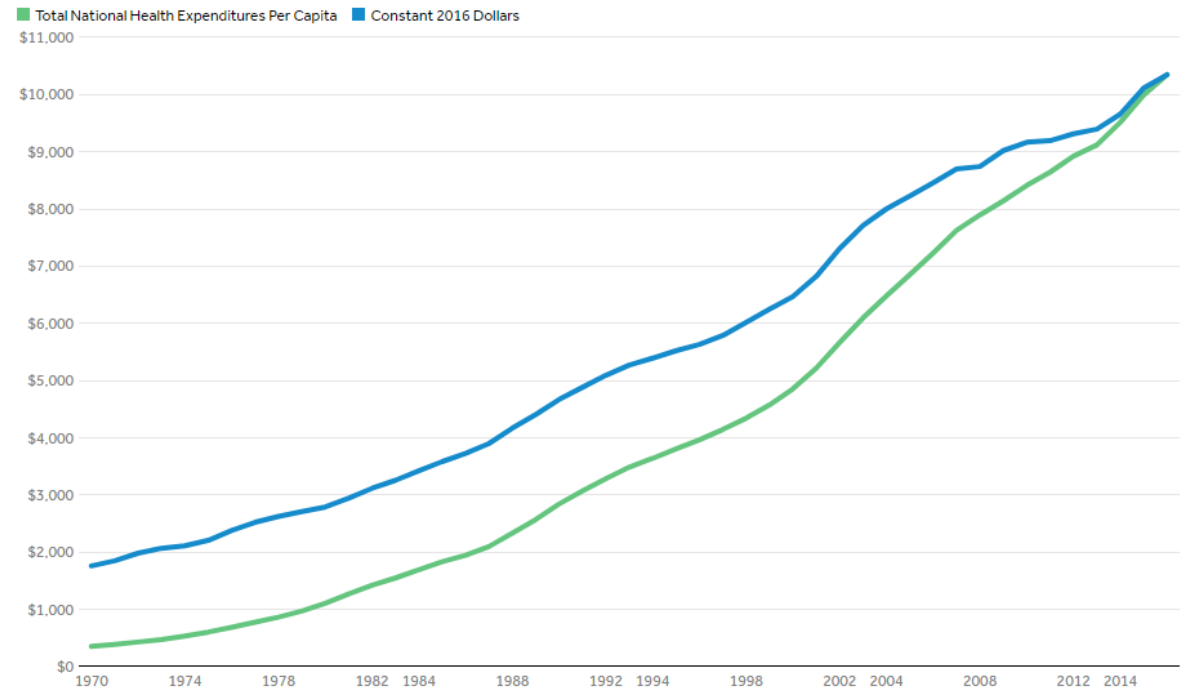
Total national health expenditures as a percent of Gross Domestic Product, 1970-2016



Source: Kaiser Family Foundation analysis of National Health Expenditure (NHE) data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group • [Get the data](#) • [PNG](#)

On a per capita basis, health spending has grown substantially

Total national health expenditures, US \$ per capita, 1970-2016



Source: Kaiser Family Foundation analysis of National Health Expenditure (NHE) data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group • [Get the data](#) • [PNG](#)

Politics Surrounding Health Care

- ▶ Unclear
 - ▶ Is the Affordable Care Act repealed?
- ▶ The main national “problem” surrounding health care remains
- ▶ Healthcare costs continue to rise at presumably an unsustainable rate...
- ▶ Will this trend force Washington DC to revisit big and fundamental healthcare reform efforts?
- ▶ Can we continue to tweak the current system around the edges and bring healthcare costs under control?

Tax Reform

- ▶ Individual Mandate repealed
 - ▶ What are the implications?
 - ▶ Reduces deficit by \$338 billion - How?
 - ▶ Reduces the projected number of insured - How?
 - ▶ 11.9 million signed up for insurance on individual market
 - ▶ What happens to that # next year?
- ▶ In exchange for her vote on Tax Reform, Sen. Susan Collins was said to receive guarantees from Sen. Mitch McConnell that they would take up a Bipartisan ACA stabilization bill (more on that later)

Bipartisan Budget Act of 2018

- ▶ Budget for two years
- ▶ Appropriations until March 19
- ▶ Medicare changes
 - ▶ Flexibility in QPP (Secretary has flexibility to shield providers from cuts via the performance threshold)
 - ▶ .25% update instead of .5% update for MPFS
 - ▶ PAs can now be the attending clinician for hospice care

NARHC Listservs

- ▶ <http://narhc.org/resources/listserve-ta-calls/>
- ▶ Free
- ▶ Technical Assistance - RHC specific info - 1 way communication
- ▶ News - RHC community conversation - 2 way communication - more emails

Questions?





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