

TCT Rural Health Summit RHC Legislative and Policy Updates

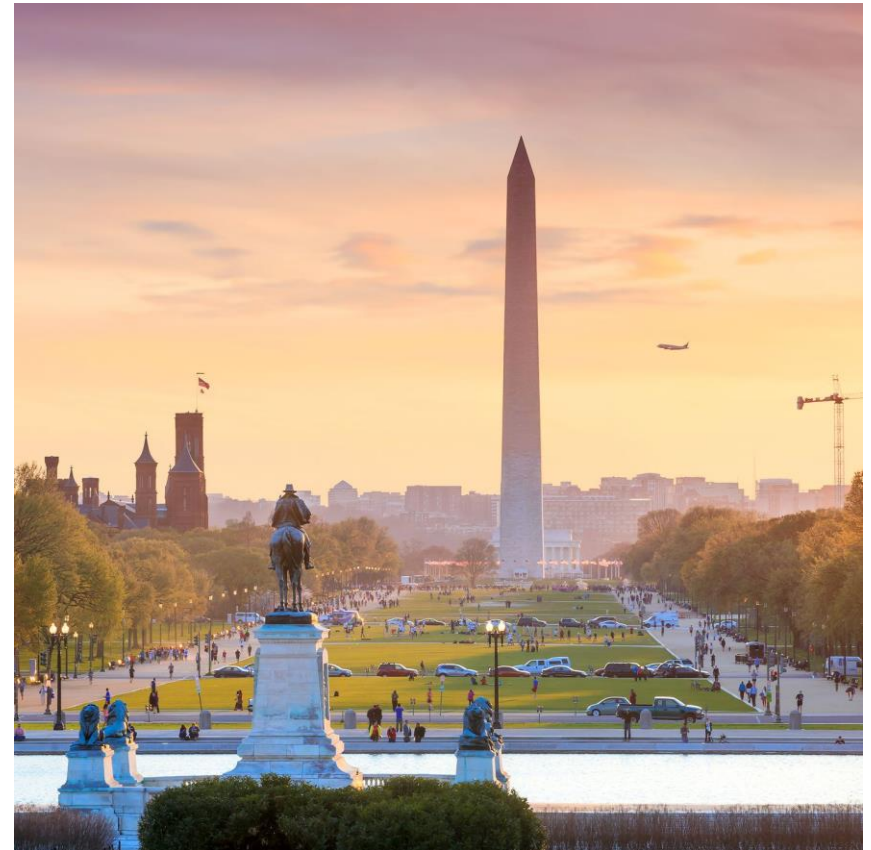
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Agenda

- RHC Payment Changes
- Quality reporting based on AIR
- Telehealth
- RHC Behavioral Health Initiative
- Burden Reduction Legislation?



2020 RHC Payment Changes



- RHC upper payment limit raised to \$190 by 2028
- All new RHCs subject to the same set of payment rules
- All uncapped RHCs as of the end of 2020 grandfathered-in
 - Now subject to a cap based on 2020 AIR with MEI adjustments each year



New Dynamics

- Grandfathered – clinic specific cap
- Non-grandfathered – subject to the “main” cap
 - \$113 in 2022 → \$190 in 2028
- **Uncapped payments were growing at a rate that was not sustainable**
- \$176 in 2015, \$245 in 2020
- Acted proactively to protect PBRHCs from site neutral cuts
 - President Trump’s last budget had proposed a site neutral payment policy for RHCs.
 - Grandfathered RHCs will now want to ensure that their cost-per visit increases around the same rate as the Medicare Economic Index (MEI)



Rural Health Clinics Modernization Policy Explained

Updated 12/31/20

Washington Update



Bill Finerfrock
Executive Director

Nathan Baugh
Director of Government Affairs

National Association of Rural Health Clinics



Medicare Quality Reporting Program for RHCs with AIR as the foundation



- Legislation introduced to create a quality reporting program for RHCs in exchange for going back to uncapped rates ~ but only for Provider-based RHCs.
- NARHC supports the creation of a Medicare quality reporting program, but it must be available to ALL RHCs.
- Likely that the financial incentive will need to be revised if we want this legislation to pass
 - We believe a simple upward adjustment to AIR as a reward for quality reporting



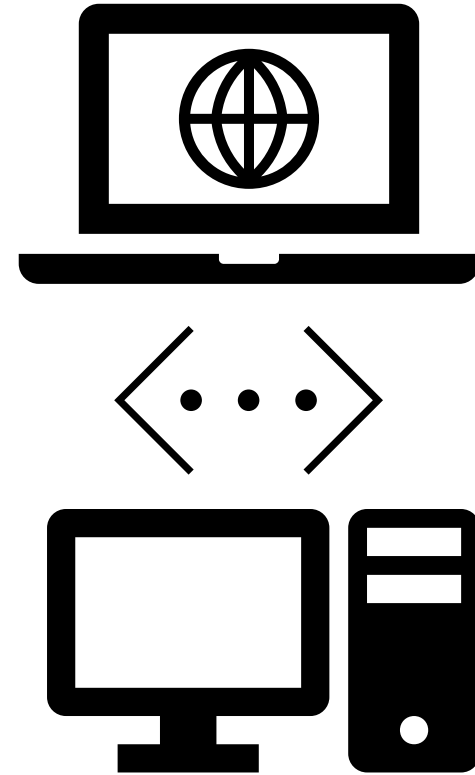
We are behind schedule on the transition to value-based care

- Very worthy goal
 - Cheaper insurance for patients; and
 - Healthier patient population; and
 - Increased profits for providers; and
 - Reduced costs for insurance payers!
- Everyone wins!
- Very difficult to attain
- Payment models are constantly being tweaked and reformed
- The path to 100% value-based care in 2030 is ambitious
- In 2016 Secretary Burwell called for 50% of Medicare payments to be tied to alternative payment models by 2018. We only hit 36%.
- 2021 – 40.9% in “value-based” (shared savings) care, 19.8% in pay for performance, 39.3% fee-for-service not linked to quality



Telehealth Post Public Health Emergency

- NARHC's telehealth policy goals:
 - Normal Coding
 - Normal Reimbursement
 - Normal Cost-reporting rules
- Expand the way mental health via telehealth is billed to apply to all telehealth encounters



Telehealth De-Linked from PHE

One Hundred Seventeenth Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday,
the third day of January, two thousand and twenty-two*

An Act

Making consolidated appropriations for the fiscal year ending September 30, 2022, and for providing emergency assistance for the situation in Ukraine, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Consolidated Appropriations Act, 2022”.

SEC. 2. TABLE OF CONTENTS.

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. References.
Sec. 4. Explanatory statement.
Sec. 5. Statement of appropriations.
Sec. 6. Adjustments to compensation.

DIVISION A—AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

Title I—Agricultural Programs
Title II—Farm Production and Conservation Programs
Title III—Rural Development Programs
Title IV—Domestic Food Programs
Title V—Foreign Assistance and Related Programs
Title VI—Related Agencies and Food and Drug Administration
Title VII—General Provisions

DIVISION B—COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

Title I—Department of Commerce
Title II—Department of Justice
Title III—Science
Title IV—Related Agencies
Title V—General Provisions

DIVISION C—DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2022

Title I—Military Personnel
Title II—Operation and Maintenance
Title III—Procurement
Title IV—Research, Development, Test and Evaluation
Title V—Revolving and Management Funds
Title VI—Other Department of Defense Programs
Title VII—Related Agencies
Title VIII—General Provisions

- <https://www.narhc.org/News/29327/Omnibus-Extends-Telehealth-Beyond-Public-Health-Emergency>
- In March, Congress funded the government for the rest of FY 22 (end of September 2022).
- We were hopeful that this legislation would fix telehealth visits
- Instead, the legislation simply extended the G2025 telehealth policy for 151 days beyond the end of the PHE
- Fight continues ~ something will pass before the end of this “telehealth cliff”

President Biden's 2023 Budget Proposal



- Rural Health Clinic Behavioral Health Initiative
- Rural Health Clinics are key safety net providers for rural communities, but less than 10 percent of Rural Health Clinics employ a social worker or psychologist. The budget includes \$10 million for a Rural Health Clinic Behavioral Health Initiative to allow clinics in rural areas where there are no existing behavioral health providers to 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.
- First time an RHC-specific grant initiative has ever been proposed! We have already sent several letters of support on this topic
- NARHC is collaborating with NRHA/NOSORH to try and elevate this initiative for inclusion in next year's appropriations package



Urbanized Area No Longer Defined by Census Bureau



- As of April, the Census Bureau is no longer defining “urbanized areas”
- The RHC statute states “For the purposes of this title, such term includes only a facility which (i) is located in an area that is not an urbanized area (as defined by the Bureau of the Census)”
- Will not impact existing RHCs but will impact new RHCs/RHCs that are changing address
- Will likely need a legislative change to “not an urban area of 50,000 or more” unless CMS issues a status-quo policy interpretation (which we are waiting on)

Administrative Burden Relief-Only Legislation?



- Align RHC requirements with state scope of practice laws for NPs and PAs
- Remove the outdated lab requirements
- Allows RHCs to contract with PAs and NPs
- Create a state option for rural/fix the “urbanized area” issue
- Cost neutral = greater chance of getting signed into law



COVID Technical Assistance

- NARHC provides direct Technical Assistance to RHCs
- If you have a question about any of these programs reach out to us!
- COVID-19 tab on NARHC.org!

Name of Grant/Allocation	Important Dates	Amount/Purpose	Reporting Requirements & Other Links
Rural Health Clinic COVID-19 Testing and Mitigation Program	Automatically Awarded: June 2021. Period of Availability: January 1, 2021 - December 31, 2022	\$100,000 per RHC To be used for COVID-19 testing, COVID-19 mitigation, and COVID-19 testing and mitigation related expenses.	Terms and Conditions Mandatory Reporting Webinars NARHC FAQs Questions? Email RHCcovidreporting@narhc.org
HRSA COVID-19 Testing Supply Program	Ongoing - Available Now	Direct shipments of at-home COVID-19 tests, and Point-of-Care Testing Supplies.	NARHC FAQs NARHC TA Virtual Office Hours
HRSA RHC COVID-19 Therapeutic Treatment Program	Ongoing- Available Now	Direct access to COVID-19 therapeutics Paxlovid and Lagevrio (monupiravir).	Questions? Email RHCcovidsupplies@narhc.org
Rural Health Clinic Vaccine Confidence (RHCVC) Program	Program Start Date: July 1, 2021 Last day to apply for No Cost Extension on EHB: May 31, 2022 Program End Date: June 30, 2022 (last day to incur expenses) Last day to draw down funds in PMS: September 28, 2022	Approximately \$49,500 per awarded RHC. To improve vaccine confidence and counter vaccine hesitancy through improving education, access, etc.	HRSA Program Page How to Draw Funds from PMS Questions? Email RHCvaxconfidence@narhc.org Electronic Handbook (EHB) HRSA Health Grants Workshop Web Series Payment Management System (PMS) Vaccine Confidence Ideas from RHCs
Rural Health Clinic COVID-19 Vaccine Distribution Program	Ongoing – Available Now	Direct shipments of the COVID-19 Vaccine (Pfizer, Moderna, and/or Johnson and Johnson).	Program Overview
Rural Health Clinic COVID-19 Testing Program	Automatically Awarded beginning May 2020. Period of Availability: January 27, 2020 - December 31,2021	\$49,461.42 Per RHC To be used for COVID-19 testing and COVID-19 related expenses.	Terms and Conditions Mandatory Reporting and Program Closeout Webinars RHC Experiences with the COVID-19 Testing Program



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