

# Washington Update National Rural Health Association RHC Conference

Nathan Baugh  
NARHC

2 E. Main St, Fremont, MI 49412 | 866-306-1961 | [NARHC.org](http://NARHC.org)



# Allocations from the Federal Government



- General Allocation (\$50 billion total)
  - Payment 1 – 6.2% of Medicare reimbursement in 2019
  - Payment 2 – 2% of 2018 net patient revenue MINUS payment 1
- Rural distribution
  - Independent RHCs \$100,000 + 3.6% of operating expenses then multiplied by 1.03253231
  - Rural hospital distribution is even more complicated
- RHC Testing
  - Each RHC gets \$49.5k
- Medicaid/CHIP Allocation
  - For those providers who did not receive anything from the general allocation
- Phase 4 to include another round?
  - Appears similar to “RHC Testing” round



# How can we spend it?

- Look at terms and conditions

## **Rural provider relief fund**

- FAQ for provider relief payments: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html>
- “health care related expenses or lost revenues that are attributable to coronavirus”

## **RHC Testing Money**

- Look at this FAQ for testing fund: <https://www.hrsa.gov/rural-health/coronavirus/frequently-asked-questions>
- “COVID-19 testing and COVID-19 related expenses”



# Cost Report and Tax Implications

- Taxes

- Provider Relief Fund – Yes
- Paycheck Protection Program – No

- Cost reporting

- Question: Should SBA loan forgiveness amounts offset expenses on the Medicare cost report? **Answer: No.**
- Question: Should PRF payments offset expenses on the Medicare cost report? **Answer: No,** providers should not adjust the expenses on the Medicare cost report based on PRF payments received.
- <https://www.narhc.org/News/28575/CMS-Clarifies-that-Provider-Relief-Funds--Paycheck-Protection-Program-Loans-will-NOT-Offset-Expenses-on-Medicare-Cost-Report>
- <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>



# RHC Data Collection Requirement

- The data collection process is still being developed but this a requirement in the terms and conditions
- Data will be organized at the TIN-level
- Likely to include questions about:
  - How many tests did your Tax ID organization perform
  - How many of those tests were positive
  - Address(es) of testing site(s)
- RHCs and their parent organizations will want to have records of this broken out by month
- We would like the most accurate figures possible but estimates will be allowed
- You are not required to do COVID testing but you are required to use the funds for tests or testing related activities



# RHC TA Community Centric Covid 19 Testing

We appreciate your time, consideration, and your service to our rural neighbors.



Powered by NOSORH

**National Association  
of Rural Health Clinics**

Funded by: FORHP

## Resources provided to participating RHCs include:

- ▶ an individualized strategy to build collaboration
- ▶ resources to develop and implement a comprehensive, community centric COVID-19 testing program
- ▶ comprehensive tools to build RHC capacity
- ▶ customized, in-depth, remote technical assistance (TA) to
  - meet the needs of the RHC and community
  - grow operational and clinical viability
  - provide access to subject matter experts
- ▶ assistance with reporting requirements process

Contact us at [rhccovidtestinginfo@nosorh.org](mailto:rhccovidtestinginfo@nosorh.org)

for additional information!

# RHC Telehealth Update



- Major update to the RHC telehealth policy was released on April 30<sup>th</sup> MLN Matters SE20016 (latest revision July 6)
- RHCs are to use the HCPCS code G2025 (w/ modifier CG) for all telehealth distant site visit claims
- RHCs can now use HCPCS code G2025 to bill for audio-only telehealth visits (previously was shoehorned into a G0071 service)
- Payment for G2025 is \$92.03 but until June 30<sup>th</sup> RHCs will receive their normal All-Inclusive Rate
- Recoupments occurred in July for those who billed prior to June 30.

# RHC Telehealth Update

- CMS significantly expanded the codes that providers can bill via telehealth on April 30<sup>th</sup>.
- In that update, they specified a significant number of codes that can be billed audio-only.
- Currently less relevant for us because we bill all these codes with G2025
- Use modifier CS to waive coinsurance
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>





# MAC Payments not calculating G2025 correctly

- **Current policy:**

- MACs are paying \$92.03 minus the coinsurance amount charged to the patient.

- **What we believe the policy should be:**

- MACs pay 80% of the composite rate. Coinsurance is based off the charges but should not impact the RHC's G2025 reimbursement from the MAC.



Name of Telehealth Service	Brief Description	How to bill	Payment
Virtual Check-In or Virtual Care Communications	Remote evaluation of a picture – G2010 Brief communication with patient (5 min) – G2012	G0071 Bill on UB-04 No modifier necessary Rev Code 052X	\$24.76
Digital e-visits	Online digital evaluation and management 99421-99423	G0071 Bill on UB-04 No modifier Rev Code 052X	\$24.76
Telehealth Visits	One to one substitutes for in-person services/visits ~ many	G2025 Bill on UB-04 (95 optional) (CS for preventive) Rev Code 052X	\$92.03
Telephone Audio-Only E/M Visits	Telephone E/M 99441-99443	Can bill as G2025 services	\$92.03



# Telehealth visits post-PHE?

- What we need to advocate for
  - Extending the ability to provide care as distant site providers; and
  - Fair reimbursement for telehealth services relative to our fee-for-service peers.



# Menu of Policy Options

- **H.R. 6792, S. 3998:** The *Improving Telehealth for Underserved Communities Act of 2020* allows RHCs and FQHCs to use normal coding and billing for telehealth services (payment parity between telehealth and in-person services) for the duration of the public health emergency while raising the limits on payment for independent rural health clinics who have long been paid below cost due to the RHC Medicare “cap.”
- **H.R. 7663:** The *Protecting Access to Post-COVID-19 Telehealth Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and allows payment for telehealth services to be paid via our normal in-person rates as if the services were provided without the use of a telecommunications device.
- **H.R. 7187:** The *HEALTH Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and *explicitly* requires telehealth reimbursement for safety-net providers be made through normal safety-net reimbursement mechanisms. Rural Health Clinics would receive their All-Inclusive Rate (AIR) payment while Federally Qualified Health Centers would receive their normal Prospective Payment System (PPS) rate.
- **H.R. 8156:** The *Ensuring Telehealth Expansion Act* allows RHCs and FQHCs to continue to provide distant site services until the end of 2025 while eliminating the special payment rule such that RHCs and FQHCs are reimbursed their normal in-person rates for telehealth services.



# ADVOCATE!

- To get policy wins we need grassroots advocacy + “inside the beltway” advocacy
- [https://www.narhc.org/narhc/NARHC\\_ADVOCACY.asp](https://www.narhc.org/narhc/NARHC_ADVOCACY.asp)
- [https://www.narhc.org/narhc/RHC\\_Modernization\\_Act\\_Advocacy.asp](https://www.narhc.org/narhc/RHC_Modernization_Act_Advocacy.asp)
- <https://www.ruralhealthweb.org/advocate>



# Questions and Answers

- Contact:
- [Nathan.Baugh@narhc.org](mailto:Nathan.Baugh@narhc.org)
- (202) 544-1880

