

# FORHP Policy Updates, August 2019

TASC 90 Webinar  
August 15, 2019

# Final Rule: Medicare Inpatient Prospective Payment System (Effective 10/01/2019)

- CAH Graduate Medical Education (GME)
  - CAHs may serve as “nonprovider” sites for Medicare GME training in rural areas, or they may continue to incur costs as an approved training program and receive reimbursement of 101 percent of reasonable costs
- CAH Ambulance Services
  - CAHs providing ambulance services can receive 101 percent reimbursement for those services if another ambulance provider within 35 miles cannot legally provide transportation to or from the CAH
- Wage Index (applicable to IPPS hospitals)
  - Positive adjustment to the hospital wage index for hospitals with wage index values below the 25th percentile, many of which are in rural areas
  - Urban to rural hospital reclassifications will be removed from the calculation of the rural floor wage index value

Proposed Rule: [Medicare Outpatient Prospective Payment System](#)  
(comments due 9/27/2019, effective 1/1/2020 if finalized)

- Price Transparency – Applies to hospitals including CAHs
  - Proposes that hospitals make public their standard charges (both gross charges and payer-specific negotiated charges) for all items and services online in a machine-readable format
  - Proposes requirements for hospitals to make public standard charge data for a limited set of “shoppable services” the hospital provides in a form and manner that is more consumer-friendly
  - Request for Information (RFI): Quality Measurement Relating to Price Transparency for Improving Beneficiary Access to Provider and Supplier Charge Information
    - *Should health care providers and suppliers integrate quality information when informing patients of how much their out-of-pocket costs for services will be before patients are furnished services? How would providers that are not included in certain hospital-based quality initiatives, **such as critical access hospitals**, integrate quality information? What can be done better to inform patients of quality outcomes and patient experience with various providers and suppliers?*

# Proposed Rule: [Medicare Outpatient Prospective Payment System](#) (comments due 9/27/2019, effective 1/1/2020 if finalized) con't

- Supervision of Outpatient Therapeutic Services in Hospitals and CAHs
  - Proposes to change the generally applicable minimum required level of supervision for hospital outpatient therapeutic services from direct supervision to general supervision for services furnished by all hospitals and CAHs
- 340B Drug Pricing Program
  - Proposes to continue to pay ASP-22.5 percent for 340B-acquired drugs including when furnished in nonexcepted off-campus PBDs paid under the PFS
  - Would continue the 340B Program policies implemented in CY 2018, with the exception of calculating payment for 340B-acquired biosimilars
  - CAHs are not included in this 340B policy change because they are paid under a different methodology
  - Solicits comment on alternative payment options for CY 2020 and potential remedies for CY 2018 and CY 2019 payments in the event of an adverse ruling on the 340B payment policy by the United States Court of Appeals

# Proposed Rule: [Medicare Physician Fee Schedule](#) (comments due 9/27/2019, effective 1/1/2020 if finalized)

- Medicare Coverage for Opioid Use Disorder (OUD) Treatment Services Furnished by Opioid Treatment Programs (OTPs)
  - Would establish a new Medicare Part B benefit for OUD treatment services, including medications for medication-assisted treatment (MAT), furnished by OTPs as required by the SUPPORT Act
  - Proposes definitions of OTP and OUD treatment services; enrollment policies for OTPs; methodology and estimated bundled payment rates for OTPs; adjustments to the bundled payments rates for geography and annual updates; flexibility to deliver the counseling and therapy services described in the bundled payments via two-way interactive audio-video communication technology as clinically appropriate; and zero beneficiary copayment for a time limited duration
  - Solicits public comment on any potential limitations on access to care for OUD in rural areas and whether there are additional adjustments to the proposed bundled payments that should be made to account for the costs incurred by OTPs in furnishing OUD treatment services in rural areas
- Medicare Telehealth Services
  - Proposing to add the following codes to the list of telehealth services: HCPCS codes GYYY1, GYYY2, and GYYY3, which describe a bundled episode of care for treatment of opioid use disorders

# Proposed Rule: [Medicare Physician Fee Schedule](#) (comments due 9/27/2019, effective 1/1/2020 if finalized) con't.

- Ground Ambulance Data Collection
  - Would establish a data collection system to collect cost, revenue, utilization, and other information determined appropriate with respect to ground ambulance providers suppliers as required by the Bipartisan Budget Act of 2018
  - Proposes the data collection format and elements, a sampling methodology that CMS would use to identify ground ambulance organizations for reporting each year through 2024 and not less than every 3 years after 2024, and reporting timeframes
  - Proposes a 10% payment reduction to a ground ambulance organizations identified for reporting that fail to sufficiently submit data
  - Proposes a process to request a hardship exemption to avoid payment reductions if approved by CMS
- Physician Supervision Requirements for Physician Assistants (PAs)
  - Proposes to revise the current regulations to provide that the statutory physician supervision requirement for PA services would be met when a PA furnishes their services in accordance with state law and state scope of practice rules for PAs, with medical direction and appropriate supervision under state law
  - Would align the regulation on physician supervision for PA services with current regulations on physician collaboration for NP and CNS services

Proposed Rule: [Medicare Physician Fee Schedule](#) (comments due 9/27/2019, effective 1/1/2020 if finalized) again

- Quality Payment Program Updates

- For the MIPS performance categories, proposes to:

- Reduce the Quality performance category weight to 40 percent in 2020, 35 percent in 2021, and 30 percent in 2022
- Increase the Cost performance category weight to 20 percent in 2020, 25 percent in 2021, and 30 percent in 2022

- Proposes to apply a new MIPS Value Pathways (MVP) framework to future proposals beginning with the 2021 MIPS performance period/2023 MIPS payment year to simplify MIPS

- Solicits public comment on specific questions pertaining to the participation of small and rural practices in the new MVP Framework

# Other Items of Interest

- [\*A Guide for Rural Healthcare Collaboration and Coordination\*](#) – A new resource from HRSA that discusses how rural providers can work together to identify the health needs in their communities, create partnerships to address those needs, and develop a “community-minded” approach to health care
- [\*RFI: Current Use of Telemental Health for Suicide Prevention in Emergency Department Settings\*](#) (comments due 8/29/2019) – The National Institutes for Health, Veterans Affairs, and the Department of Defense seeks information about the use of telehealth in hospital emergency medical care settings to facilitate the care of individuals with suicide risk.
  - Topics of interest include what telehealth services are being used, what contributed to the selection and implementation of those services, what are the characteristics of the emergency department (i.e. urban/rural setting), and approaches used to identify suicide risk of patients in the emergency department



# Follow Up Questions?

**FORHP Policy Email:** If you have any questions related to policy updates, please contact us at [RuralPolicy@hrsa.gov](mailto:RuralPolicy@hrsa.gov).