Federal Office of Rural Health Policy (FORHP)
Policy Updates, November 2019

TASC 90 Webinar
November 13, 2019
Updates specifically addressing critical access hospitals (CAHs) in the rule:

• Finalizes changes in the level of supervision of outpatient therapeutic services in hospitals and critical access hospitals
  o For CY 2020, Centers for Medicare and Medicaid Services (CMS) is finalizing for CY 2020 and subsequent years, 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.

• Does not implement proposed requirements for price transparency
  o CMS plans to finalize these provisions in a standalone document at a later date. These had included requiring hospitals including CAHs to make public:
    ▪ A list of their standard charges for items and services provided by the hospital online in a machine-readable format, with at least annual updates
    ▪ Standard charge data for a limited set of “shoppable services” the hospital provides in a form and manner that is more consumer-friendly

• Finalizes paying the Average Sale Price (ASP) minus 22.5 percent for 340B-acquired drugs
  o CMS continues to exclude rural sole community hospitals (SCHs) from the reduction and will continue to be paid Average Sale Price (ASP) plus 6 percent. The 340B payment adjustment is not applicable to CAHs.
General items of interest:

• Addresses wage index disparities by finalizing the Inpatient Prospective Payment System (IPPS) wage index policies in the Outpatient Prospective Payment System (OPPS)

• Completes the two-year phase-in of the method to reduce unnecessary utilization in outpatient services by addressing payments for clinic visits furnished in the off-campus hospital outpatient setting (site neutral payments)

• Updates OPPS payment rates for hospitals that meet applicable quality reporting requirements by 2.6 percent (2.8 percent for rural)
Final Rule: Medicare Physician Fee Schedule (Effective 01/01/2020)

Updates specifically addressing CAHs in the rule:

• Codifies in regulation the repeal of the therapy caps and limitation to ensure appropriate therapy
  o Specifies the therapy services and amounts that are accrued for purposes of applying the KX modifier threshold, including the continued accrual of therapy services furnished by CAHs directly or under arrangements at the PFS-based payment rates.

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Final Rule: Medicare Physician Fee Schedule (Effective 01/01/2020) continued

General items of interest:

• Adds 3 new codes to the list of Medicare telehealth services
  o Adds HCPCS codes G2086, G2087, G2088, which describe a bundled episode of care for treatment of opioid use disorders.

• Implements Medicare coverage for opioid use disorder treatment services furnished by opioid treatment programs (OTPs) beginning in CY2020

• Creates new coding for principal care management (PCM) services, for patients with only a single serious and high-risk chronic condition

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Final Rule: Medicare Physician Fee Schedule (Effective 01/01/2020) once more

General items of interest:

• Updates the regulation on physician supervision of physician assistants (PAs) to give PAs greater flexibility to practice more broadly in the current health care system in accordance with state law and state scope of practice

• Allows physicians, PAs, and advanced practice registered nurses (APRNs) can review and verify (sign and date), rather than re-documenting, notes made in the medical record by others

  o Retains 5 levels of coding for established patients, reduces the number of levels to 4 for office/outpatient E/M visits for new patients, and revises the code definitions
  o Revises the times and medical decision making process for all of the codes, and requires performance of history and exam only as medically appropriate

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General items of interest:

• Makes updates related to ambulance services
  - Clarifies that there is no CMS-prescribed form for certification statements for ambulance transports
  - Adds licensed practical nurses (LPNs), social workers, and case managers to the list of staff members who may sign the non-physician certification statement if the provider/supplier is unable to obtain the attending physician’s signature
  - Finalizes a new Ground Ambulance Data Collection System, including data format and elements, sampling methodology, timelines, payment adjustments, and hardship exemptions
General items of interest:

• Adjusts performance thresholds for the Merit-Based Incentive Payment System (MIPS)

• Finalizes the MIPS Value Pathways (MVPs), a participation framework that would begin with the 2021 performance period
  o Goal of moving away from siloed performance category activities and measures and moving towards a set of measure options more relevant to a clinician’s scope of practice that is meaningful to patient care
  o CMS indicates they will work closely with stakeholders to establish the MVPs

• Makes a technical correction to the definition of rural in the MIPS program to identify the correct source file in the regulations (though the definition applied remains the same)
Final Rule: Discharge Planning (Effective 11/29/2019)

CAH-specific Updates:

• Add a new component to the written policies a CAH must maintain
  o Specifically adds “Policies and procedures that address the post-acute care needs of patients receiving CAH services.”

• Details and codifies the new condition of participation on discharge planning, and under this new condition
  o “A Critical Access Hospital (CAH) must have an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care.”
  o “The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences, ensure an effective transition of the patient from the CAH to post-discharge care, and reduce the factors leading to preventable CAH and hospital readmissions.”

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CAH-specific Updates:

- Reduces the frequency that is currently required for CAHs to perform a review of all their policies and procedures
- Removes the duplicative requirement for CAHs to disclose the names of people with a financial interest in the CAH
- Adds a new Condition of Participation (CoP) to formalize requirements for infection prevention and control and antibiotic stewardship programs in CAHs
- Substantially modifies the CoP requiring a periodic evaluation and quality assurance review to establish Quality Assessment and Performance Improvement (QAPI) programs in CAHs

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Other Items of Interest

• **Comment on Heart Failure Measure for MIPS** – CMS has contracted with Yale New Haven Health Services Corporation/Center for Outcomes Research & Evaluation (CORE) to develop and reevaluate outcome measures for ambulatory care for the Merit-based Incentive Payment System (MIPS). As part of this project, CORE is developing a measure of acute cardiovascular-related admissions for patients with heart failure. CORE requests interested parties to comment on the candidate measure by sending comments to MIPSoutcomemeasures@yale.edu no later than 11:59 PM EST on **November 27, 2019**.

• **Open Enrollment for the Health Insurance Marketplace** – The six-week period during which consumers may enroll in a health insurance plan using the Federal Health Insurance Marketplace began **November 1 and ends on Sunday, December 15**.

• **Rural Health Grants Eligibility Request for Information** – Health Resources and Services Administration (HRSA) seeks public input on whether or how eligibility criteria governing community-based grant programs administered by FORHP affect rural health organizations’ ability to apply for and leverage grant funding through FORHP. Responses to this Request for Information (RFI) must be provided via email to RFIComments@hrsa.gov and must reference “Rural Health Grants Eligibility RFI” in the title. Submissions are due no later than 11:59 pm ET on **November 23, 2019**.

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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).