Welcome to the

Rural Health Clinic Technical Assistance Webinar

This webinar is brought to you by the National Association of Rural Health Clinics and is supported by cooperative agreement UG6RH28684 from the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA). It is intended to serve as a technical assistance resource based on the experience and expertise of independent consultants and guest speakers.

Telehealth guidance for Rural Health Clinics

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Thank You!

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On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. This legislation authorizes RHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 Public Health Emergency.

Medicare telehealth visit services generally require an interactive **audio** and **video** telecommunication system that permits real-time communication between the practitioner and the patient. This can include use of a smart phone or computer-based audio-video communication that is NOT publicly facing. Telehealth visits are NOT the same as virtual check-ins or digital e-visits.

RHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the Public Health Emergency.

Distant site telehealth services can be furnished by **any health care practitioner** working for the RHC within their scope of practice.

Practitioners can furnish distant site telehealth services from any location, including their home, during the time that they are working for the RHC and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule.

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Examples of the most commonly billed Telehealth codes

99201 Office/outpatient visit new
99202 Office/outpatient visit new
99203 Office/outpatient visit new
99204 Office/outpatient visit new
99205 Office/outpatient visit new
99211 Office/outpatient visit est
99212 Office/outpatient visit est
99213 Office/outpatient visit est
99214 Office/outpatient visit est
99215 Office/outpatient visit est

The visit must involve all of the requirements to bill the level of visit that would have applied had this visit been in-person

Payment for RHC Telehealth Visits

Payment to RHCs for distant site telehealth services is set at $92.00 per telehealth visit. This represents the average amount Medicare pays for all telehealth services on the telehealth list, weighted by volume for those services reported under the Physician Fee Schedule (PFS).

For telehealth distant site services furnished between January 27, 2020, and June 30, 2020,

1. RHCs must put **Modifier "95"** on the claim.

2. RHCs will be paid at their all-inclusive rate (AIR).

3. These claims will be automatically reprocessed in July when the Medicare claims processing system is updated with the new payment rate. RHCs and FQHCs do not need to resubmit these claims for the payment adjustment.

What does Reprocessing Mean?

For telehealth visits in which the Medicare RHC per visit payment (AIR) is LESS or MORE than $92.00.

If AIR is less than $92.00 per visit, Medicare will remit an amount equal to the number of telehealth visits the RHC conducted between January 27, 2020 and June 30, 2020 multiplied by the difference between the RHC AIR and $92.00

OR

If AIR is more than $92.00 per visit, Medicare will recoup an amount equal to the number of telehealth visits the RHC conducted between January 27, 2020 and June 30, 2020 multiplied by the difference between the AIR and $92.00.

Telehealth Example 1

RHC visit rate is $86.31

Between January 27 and June 30, RHC provides 500 telehealth visits

RHC was entitled to $92.00 for each telehealth visit

CMS remits to the RHC $2,276.00 to the RHC

$92.00 - $86.31 = $5.69.00 x 500 = $2,845 X **80%** = **$2,276.00**

Telehealth Example 2

RHC visit rate is $180.00

Between January 27 and June 30, RHC provides 500 telehealth visits

RHC was entitled to $92.00 for each telehealth visit

CMS RECOUPs $35,200.00 from the RHC

$180.00 - $92.00 = $88.00 x 500 = $44,000.00 X **80%** = $35,200.

Telehealth Services AFTER July 1, 2020

For telehealth distant site services furnished ON or AFTER July 1, 2020, and the end of the Public Health Emergency, RHCs will use an RHC specific G code, G2025, to identify services that were furnished via telehealth.

RHC claims with the new G code will be paid at the $92 rate.

Only distant site telehealth services furnished during the COVID-19 PHE are authorized for payment to RHCs. If the COVID-PHE is in effect after December 31, 2020, this rate will be updated based on the 2021 PFS average payment rate for these services, weighted by volume for those services reported under the PFS.

RHC Cost Reports and Telehealth Service

The cost of furnishing distant site telehealth services will not be used to determine the RHC AIR but must be reported on the RHC cost report.

RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of Worksheet A, in the section titled “Cost Other Than RHC Services.”

RHC Cost Report and Telehealth Visits

Because RHC Telehealth visits will NOT count as RHC visits, it will be necessary to remove costs associated with the delivery of telehealth services from the RHC Cost report.

The combination of reduced patient volume due to the COVID-19 pandemic AND the determination that RHC telehealth visits are NOT RHC visits COULD affect the ability of many RHCs to meet the minimum productivity requirements for cost reporting purposes.

NARHC is working with CMS to address this situation such that RHCs are not harmed – long-term – by the affects of this policy.

RHC Cost Report and Telehealth Visits

You will want to develop a mechanism for tracking both telehealth visits and telehealth costs in order to properly account for these on your cost report.

COVID-19 Related Testing via Telehealth

Retroactive to March 1, 2020, CMS will pay 100% of the RHC rate – including telehealth - **for visits and services related to COVID-19 testing**.

For visits and services related to COVID-19 testing, RHCs must waive the collection of co-insurance from beneficiaries.

For all visits and services in which the coinsurance is waived, RHCs must put the "CS" modifier on the service line. RHC claims with the "CS" modifier will initially be paid with the coinsurance applied, HOWEVER, the Medicare Administrative Contractor (MAC) will automatically reprocess these claims beginning on July 1.

Coinsurance should not be collected from beneficiaries if the coinsurance is waived.

Separately, even if the telehealth service is not related to COVID-19, providers (including RHCs) have the option to waive coinsurance for telehealth visits and services.

Other “Telehealth” Services Terminology is Key

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 0521	$24.76
Digital e-visits	Online digital evaluation and management 99421-99423	G0071 Bill on UB-04 No modifier Rev Code 0521	$24.76
Telehealth Visits	One to one substitutes for in-person services/visits	Normal HCPCS Coding (until June 30th, then G2025) Bill on UB-04 Modifier 95 Rev Code 052X	$92.00

Virtual Check-Ins

-5 minutes or more of medical discussion (including audio only) or remote evaluation for a condition not related to a RHC service within the previous 7 days which does not lead to an RHC visit within the next 24 hours.

-We have been able to offer this service since January 1, 2019

-Billed with G0071 and (until March 1, 2020) paid $13.51

Expansion of Virtual Communication Services

On March 30th CMS expanded G0071 to include digital e-visits.

Payment for virtual communication services now include online digital evaluation and management services. Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal. The online digital evaluation and management codes that are billable during the COVID-19 PHE are:

- CPT code 99421 (5-10 minutes over a 7-day period)
- CPT code 99422 (11-20 minutes over a 7-day period)
- CPT code 99423 (21 minutes or more over a 7-day period)

To receive payment for the new online digital evaluation and management (CPT codes 99421, 99433, and 99423) or virtual communication services (HCPCS codes G2012 and G2010), RHCs and FQHCs must submit an RHC or FQHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services. For claims submitted with HCPCS code G0071 on or after March 1, 2020, and for the duration of the COVID-19 PHE, payment for HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for these 5 codes. Claims submitted with G0071 on or after March 1 and for the duration of the PHE will be paid at the new rate of $24.76, instead of the CY 2020 rate of $13.53.

G0071 Flexibilities During the PHE

The services that are payable using HCPCS code G0071 require that the beneficiary has been seen by an RHC or FQHC practitioner during the previous 12 months. Under the current PHE for the COVID-19 pandemic, we believe that it is necessary to make these services available to beneficiaries who would otherwise not have access to clinically appropriate in-person treatment. Therefore, during the PHE for the COVID-19 pandemic, we are finalizing that all virtual communication services that are billable using HCPCS code **G0071 will also be available to new patients that have not been seen in the RHC or FQHC within the previous 12 months.** Also, in situations where obtaining prior beneficiary consent would interfere with the timely provision of these services, or the timely provision of the monthly care management services, during the PHE for the COVID-19 pandemic **consent can obtained when the services are furnished instead of prior to the service being furnished,** but must be obtained before the services are billed. We will also allow patient consent to be **acquired by staff under the general supervision** of the RHC or FQHC practitioner for the virtual communication and monthly care management codes during the PHE for the COVID-19 pandemic.

https://www.cms.gov/files/document/covid-final-ifc.pdf page 87

Clarifications in the FAQ

FAQ: https://www.cms.gov/files/document/covid-19-faqs-rhcs-fqhcs.pdf

Question: Does the RHC or FQHC practitioner have to be physically in the RHC or FQHC, or can they respond from another location such as their home?

Answer: The RHC or FQHC practitioner can respond from any location during a time that they are scheduled to work for the RHC or FQHC.

Question: How frequently can G0071 be billed by RHCs and FQHCs?

Answer: Because these codes are for a minimum 7-day period of time, they cannot be billed more than once every 7 days.

RHC Home Health Visits

RHCs can bill for visiting nursing services furnished by an RN or LPN to homebound individuals under a written plan of treatment in areas with a shortage of home health agencies (HHAs).

Effective March 1, 2020, and for the duration of the COVID-19 PHE, the area typically served by the RHC is determined to have a shortage of HHAs, and no request for this determination is required.

RHCs must check the HIPAA Eligibility Transaction System (HETS) before providing visiting nurse services to ensure that the patient is not already under a home health plan of care.

Supervision of Nurse Practitioners in RHCs

- Effective March 1, 2020 through the end of the emergency period.
- Physician supervision of NPs in RHCs and FQHCs. 42 C.F.R. 491.8(b)(1).
- We are modifying the requirement that physicians must provide medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law. The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff. This allows RHCs and FQHCs to use nurse practitioners to the fullest extent possible and allows physicians to direct their time to more critical tasks.

https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Staffing Requirements Waived

- Certain staffing requirements. 42 C.F.R. 491.8(a)(6).
- CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC and FQHC operates. CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates. This will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mixes during the PHE.

https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Provider Lost Revenue Grants

RHCs are eligible for Provider Lost Revenue Grants. ANY provider enrolled in either Medicare or Medicaid that submitted claims to either program in 2019 are eligible for a Provider Relief Payment.

Eligible providers who are normally paid by CMS via an EFT, SHOULD have received a payment automatically in your account either Friday, April 10 or Friday, April 17th.

If you did not…

And you believe you are eligible, you should contact the Provider Relief Payment hotline: (866) 569-3522

You will be asked for the name of the provider as enrolled and the Tax ID number of the provider (either EIN or SSN).

NOTE: For RHCs that are part of a GROUP (i.e. provider-based RHCs or independent group RHCs), the payment MAY have gone to the parent entity through a lump sum payment covering inpatient and outpatient services.

More Relief?

Congress approved $100 Billion for the Provider Relief Fund. The first release ($30 Billion) was based upon a percentage of Medicare payments from 2019 (approximately 6.2% of Medicare payments received in 2019).

The second phase is expected to be based on Non-Medicare payments such as Medicaid payments.

These payments could be released soon.

Paycheck Protection Loan - Update

As part of the CARES Act, Congress created the Paycheck Protection Loan Program and approved $349 Billion for this fund. All of the initial money appropriated for this program was obligated as of late last week.

We EXPECT that Congress and the White House will come to an agreement this week to put an additional $250 Billion into this fund.

Resources

RHC telehealth visit guidance:

https://www.cms.gov/files/document/se20016.pdf

CMS FAQ with RHC telehealth questions and answers

https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

??? QUESTIONS ???