



# CMS Updates

## Rural Health Listening Session

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# Background

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- Specified by Section 1834 (m) of the Social Security Act and related regulations, Medicare telehealth services are services ordinarily furnished in person that are instead furnished via a telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions.
- In response to the PHE for the COVID 19 pandemic, CMS temporarily waived a number of these restrictions and adopted regulatory changes to expand access to Medicare telehealth.
- Before the COVID-19 public health emergency (PHE), only 15,000 fee-for-service beneficiaries each week received a Medicare telemedicine service
- Between mid-March and mid-October 2020, over 24.5 million out of 63 million beneficiaries and enrollees have received a Medicare telemedicine service during the PHE

# Current Telehealth Flexibilities Under the PHE

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- **Eligible Practitioners:** All health care practitioners who are authorized to bill Medicare for their professional services may also furnish and bill for telehealth services. This allows health care professionals who were not previously authorized under the statute to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.
- **Audio-Only Telehealth For Certain Services:** CMS has used its waiver authority to allow, beginning on March 1, 2020, telephone evaluation and management codes and certain behavioral health care and educational services to be furnished via telehealth using audio-only telephones.

# Coronavirus Aid, Relief and Economic Security Act (CARES Act)

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- On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law
- Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE
- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) During the COVID-19 Public Health Emergency \(PHE\) SE 20016](#)
- [COVID 19 Frequently Asked Questions \(FAQs\)](#)

# Telemedicine Services Expansion

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- Purpose:
  - Urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need
  - Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread
- Virtual services physicians and other health care professionals can provide:
  - Telehealth visits
  - Virtual check-in
  - Telephone visits

# Telemedicine Services Defined

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- Telehealth Visits:
  - A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient:
    - ✓ During the COVID-19 PHE CMS now allows audio only effective March 1, 2020
- Virtual Check-Ins:
  - A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by a new or established patient
- Telephone Services:
  - Non-face-to-face E&M services provided using telephone audio

# 2022 PFS Proposed Rule (Released 07/13/2021)

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In the PFS proposed rule, CMS is reinforcing its commitment to expanding access to behavioral health care and reducing barriers to treatment. CMS is proposing to implement recently enacted legislation that removes certain statutory restrictions to allow patients in any geographic location and in their homes access to telehealth services for diagnosis, evaluation and treatment of mental health disorders. Along with this change, CMS is proposing to expand access to mental health services for rural and vulnerable populations by allowing, for the first time, Medicare to pay for mental health visits when they are provided by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to include visits furnished through interactive telecommunications technology. To further expand access to care, CMS is proposing to allow payment to eligible practitioners when they provide certain mental and behavioral health services via audio-only telephone calls from their homes when certain conditions are met. This includes counseling and therapy services provided through Opioid Treatment Programs.

## **CMS Newsroom Press Release**

<https://www.cms.gov/newsroom/press-releases/cms-proposes-physician-payment-rule-improve-health-equity-patient-access>

## **CMS Newsroom Fact Sheet**

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-proposed-rule>

## **Unpublished Final**

<https://public-inspection.federalregister.gov/2021-14973.pdf>

# 2022 FY PFS Proposed Rule

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## When & Where to Submit Comments:

See the [proposed rule](#) for information on submitting formal comments by September 13, 2021.

The proposed rule includes proposed changes not reviewed in this presentation, please refer to proposed rule for complete information

Feedback during this presentation will not be considered as formal comments; please submit comments in writing using the formal process

See proposed rule for information on submitting comments by close of 60-day comment period on September 13 (When commenting refer to file code CMS-1751-P)

**CLOSED**

# Telehealth Resources

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- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/files/document/se20016.pdf>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

# Vaccine Administration

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The proposed rule includes a comment solicitation to obtain information on the costs involved in furnishing preventive vaccines, with the goal to inform the development of more accurate rates for these services. More specifically CMS is seeking information on:

- The different types of health care providers who furnish vaccines and how have those providers changed since the start of the pandemic.
- How the costs of furnishing flu, pneumococcal, and hepatitis B vaccines compare to the costs of furnishing COVID-19 vaccines, and how costs may vary for different types of health care providers.
- How the COVID-19 PHE may have impacted costs, and whether health care providers envision these costs to continue.

We are seeking input on our preliminary policy to pay \$35 add-on for certain vulnerable beneficiaries when they receive a COVID-19 vaccine at home. CMS is interested in stakeholder input on what qualifies as the “home” and how we can balance ensuring program integrity with beneficiary access.

As the market for COVID-19 monoclonal antibody products matures, CMS is also seeking comments on whether we should treat these products the same way we treat other physician-administered drugs and biologicals under Medicare Part B.

# Rural Emergency Hospitals

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Section 125 of the Consolidated Appropriations Act of 2021 (CAA) established a new provider type called Rural Emergency Hospitals (REHs), effective January 1, 2023. The REH program begins on page 1779 of the CAA. See link here: <https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>

In accordance with the statute, REHs are facilities that convert from either a critical access hospital (CAH) or a rural hospital (as defined in section 1886(d)(2)(D)) of the Social Security Act (SSA)) (or one treated as such under section 1886(d)(8)(E) of the SSA) with less than 50 beds, and that do not provide acute care inpatient services with the exception of skilled nursing facility services furnished that may be provided in a distinct part unit. REHs will be required to furnish emergency department services and observation care, and may provide other outpatient medical and health services as specified by the Secretary.

CMS has published a Request for Information (RFI) to seek public input on a broad range of issues that should be taken into account in establishing this new provider type in the CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS-1753-p, <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-15496.pdf>).

# Rural Emergency Hospital Cont.

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For example, CMS is interested in feedback on the health and safety standards, payment policies, and quality measures and reporting requirements for REHs. Public comment on these areas will help inform future proposed rulemaking for REHs. CMS also intends to host other opportunities for public engagement as it considers policies related to establishing the REH provider type, including Open Door Forums and listening sessions.

The proposed rule published August 4, 2021 and comments are due by September 17, 2021 no later than 11:59 EST. See the Fact Sheet and Press Release for more information. Submit comments electronically: <https://www.regulations.gov> or (follow the submit comment instructions) by mail using instructions and the addresses on page 1 of the Federal Register notice.

# Temporary Increase in Federal Medical Assistance Percentage (FMAP) for Certain Mandatory Individuals

- The ARP provides a temporary 5 percentage point increase to the regular FMAP of a state that newly begins to cover the entire adult group
- If a state hasn't expanded Medicaid to the adult group, some people may not qualify for Medicaid or a reduced-cost private insurance plan in the Health Insurance Marketplace®
- For 2020 tax year (filing date is May 17, 2021), there won't be a federal penalty if someone doesn't have minimum essential coverage (MEC)
  - If someone doesn't have coverage during 2020 or later, they don't need a hardship exemption to avoid a penalty
  - If someone is 30 or older, they need a hardship exemption to enroll in a catastrophic health plan

# CMS Resources

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- For ODF schedule updates and E-Mailing List registration, visit our website at <http://www.cms.gov/OpenDoorForums/>
- Rural Health Clinic Center  
<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>
- HHS Telehealth website at <https://telehealth.hhs.gov/>
- CMS Dallas Office [RODALORA@cms.hhs.gov](mailto:RODALORA@cms.hhs.gov)

# You are invited to a National Stakeholder Call with the CMS Administrator

## ***Corrected Link!***

You are invited to join the Administrator of the Centers for Medicare & Medicaid Services' (CMS), Chiquita Brooks-LaSure, and her leadership team, to hear key updates from her first 100 days in office. The Administrator's vision is for CMS to serve the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. We invite you to join us for this first national stakeholder call to learn more about how you can partner with us as we implement our vision.

**When:** September 17, 2021 from 12:30 PM ET - 1:00 PM ET

## **Speakers:**

- CMS Administrator, Chiquita Brooks-LaSure
- CMS Leadership team

**Who should attend:** National and local stakeholders and partners

## **To Join the Call Click Here (corrected**

**link):** <https://cms.zoomgov.com/j/1619106718?pwd=RGdzcmI2TENzMmVLcHU1ZigwSHhldz09>

Call: 833 568 8864 (Toll Free)

Webinar ID: 161 910 6718

Passcode: 891135

**Questions:** We want to hear from you. Questions can be submitted in advance of the webinar by emailing [Partnership@cms.hhs.gov](mailto:Partnership@cms.hhs.gov).



Thank you!

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