Rethinking Rural Health:
CMS' efforts to improve health care in rural America

Cara V. James, PhD

Director, Office of Minority Health

Centers for Medicare & Medicaid Services

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CMS Rural Health Strategy

May 2018 - CMS launches Agency's first rural health strategy to improve access and quality of care for rural Americans

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CMS Rural Health Strategy Objectives

1. Apply a rural lens to CMS programs and policies
2. Improve access to care through provider engagement and support
3. Advance telehealth and telemedicine
4. Empower patients in rural communities to make decisions about their health care
5. Leverage partnerships to achieve the goals of the CMS Rural Health Strategy

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Key CMS Rules

- Inpatient Prospective Payment System (IPPS)
- Outpatient Prospective Payment System (OPPS)
- Medicare Physician Fee Schedule (PFS)
- Ambulatory Surgical Center Payment System (ASC)
- Hospice Payment Rate Update
- Home Health Prospective Payment System
- Skilled Nursing Facility (SNF)
- Inpatient Rehabilitation Facility Prospective Payment System (IRF)
- Long Term Care Hospital Prospective Payment System (LTCH)
- End Stage Renal Disease Prospective Payment System (ESRD PPS)
- Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS)
- Inpatient Psychiatric Facilities Prospective Payment System (IPF)

Quality Payment Program Results

- Providers had the option to "pick your pace", and 94% of eligible rural clinicians participated.
- Overwhelmingly, rural practices reported data for 90-days or longer. Among those reporting for 12 months: 67% Quality, 45% Promoting Interoperability, 65% Improvement Activities.
- 93% of rural providers received a positive payment adjustment, and 65% of them received an additional adjustment for exceptional performance.
- Median score for rural providers was 63 pts., compared to 74 for non-rural large practices

2020 Additions to the Medicare Telehealth List

New codes which describe a bundled episode of care for treatment of opioid use disorders.

- **G2086**: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
- **G2087**: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
- **G2088**: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).

Advancing Virtual Care

- Modernizing Medicare physician payment by recognizing communication technology-based services
- CY 2019 PFS Rule finalized a number of policies to expand access to virtual services:
  - Virtual Check-ins - 5-10 minutes of medical discussion that may be performed real-time via audio-only.
  - Remote Evaluation of Pre-Recorded Patient Information (e.g., Store and Forward)
- Added prolonged preventive services to approved telehealth list.

Hospital Wage Index

- Intended to measure differences in hospital wage levels across geographic regions and is updated annually based on wage data reported by hospitals
- Finalized increasing the wage index for certain low-wage index hospitals, including many rural hospitals.
- CMS will increase the wage index for hospitals with a wage index value below the 25th percentile. These hospitals' wage indexes will be increased by half the difference between the otherwise applicable wage index value for that hospital and the 25th percentile wage index value across all hospitals.
- CMS will remove urban to rural hospital reclassifications from the calculation of the rural floor wage index value beginning in FY 2020.

Direct Supervision Changes

- **Permanent change to direct supervision** - For CY 2020, we are changing the minimum required level of supervision from direct supervision to general supervision for all hospital outpatient therapeutic services provided by all hospitals and CAHs. This ensures a standard minimum level of supervision for each hospital outpatient service furnished incident to a physician's service.
- **Greater flexibility for physician assistants** - Absent state rules, finalized a revision to the current supervision requirement to clarify that physician supervision is a process in which a PA has a working relationship with one or more physicians to supervise the delivery of their health care services.

CMS Opioid Strategy

As one of the largest payers of healthcare services, CMS has a key role in addressing the opioid epidemic and is focused on three key areas:

PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids

TREATMENT

Expand access to treatment for opioid use disorder

DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

Addressing the Opioids Crisis (cont'd)

- **Key provisions of the SUPPORT Act already enacted**
  - Cover services provided by Opioid Treatment Programs (OTPs), including methadone
  - Permit a Prescription Drug Plan sponsor to suspend payments if there is a credible allegation of fraud.
  - Expand IMD coverage for mothers and beneficiaries with SUD
  - Demonstration program to test bundled payment for medication assisted treatment
  - Expand "sunshine" efforts to additional health professionals, such as physician assistants

New Medicare Benefit for Opioid Use Disorder Treatment

- Begins January 1, 2020, for services provided by opioid treatment programs.
- Definition of OUD treatment services which includes:
  - FDA-approved opioid agonist and antagonist treatment medications,
  - The dispensing and administering of such medications (if applicable),
  - Substance use counseling,
  - Individual and group therapy,
  - Toxicology testing which includes both presumptive and definitive testing,
  - Intake activities, and
  - Periodic assessments.
- SAMHSA certification is required as part of the enrollment policy and process for OTPs.
- Will allow counseling and therapy services described in the bundled payments, to be furnished via two-way interactive audio-video communication technology as clinically appropriate.
- There will be **zero beneficiary copayment for 2020**.
- OTP providers must enroll in Medicare to receive Medicare payment for these services.

https://www.cms.gov/Center/Provider-Type/Opioid-Treatment-Program-Center.html

New Innovation Models

- Maternal Opioid Misuse (MOM)
- Integrated Care for Kids (InCK)
- Emergency Triage, Treat and Transport (ET3)
- Primary Cares Initiative – 2 pathways and 5 voluntary model options to test how we pay for primary care:
  - Direct Contracting (DC)
  - Primary Care First (PCF)

Stay Tuned…

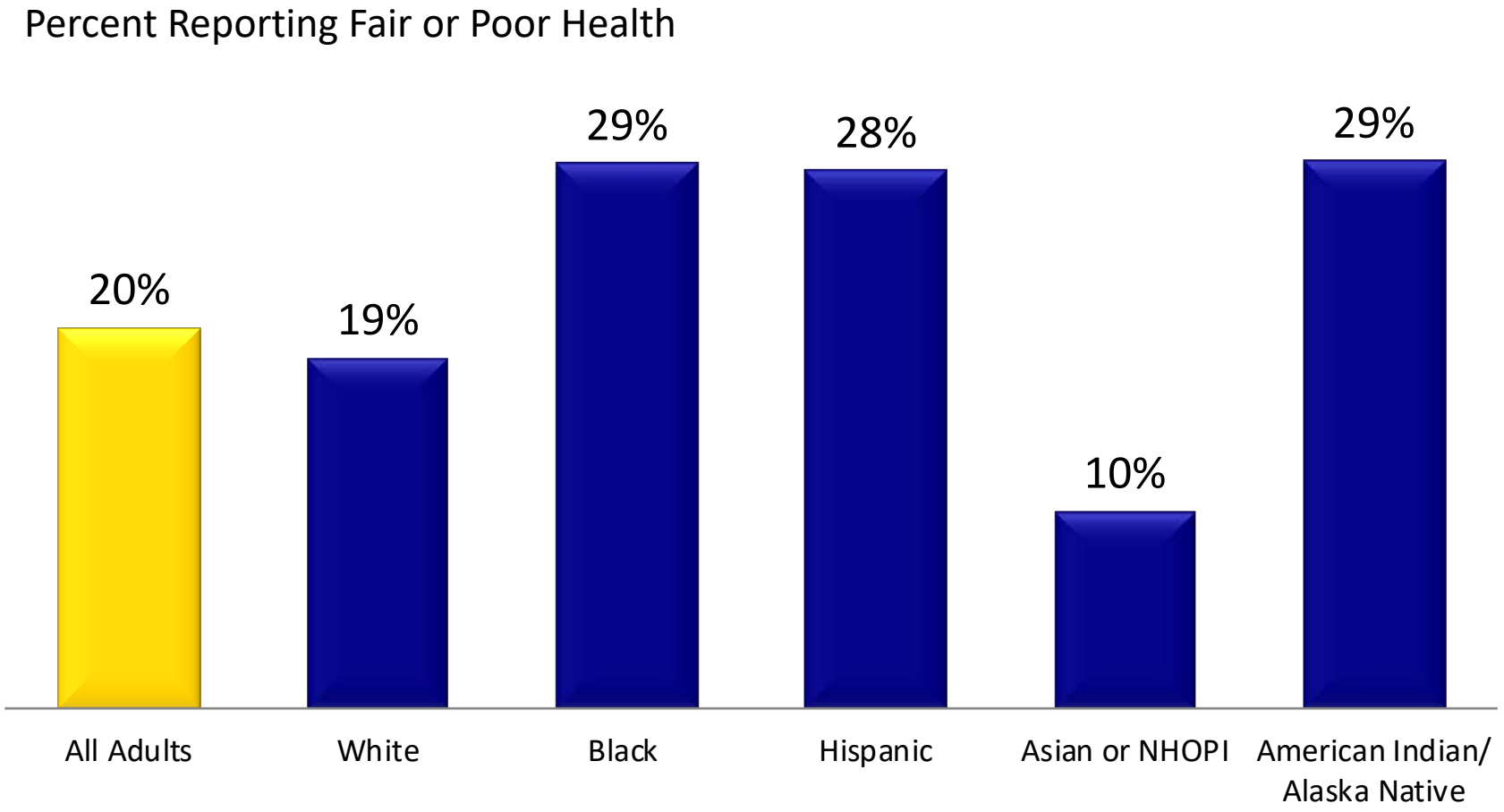
- Collaborative effort of providers, purchasers, and payers, etc.
- Flexibility to design a customized system that aligns to the priorities and needs of your community.
- Technical assistance and financial support to help communities in developing a system of care.
- Options for transforming to alternative payment models.

Improving Access to Maternal Health Care in Rural Communities

- Between 2004 and 2014, 179 rural counties experienced closures/loss of hospital obstetric services
- Fewer than 50% of rural women have access to perinatal services within a 30-minute drive of their home
- CMS co-hosted a forum in June
- Released an issue brief

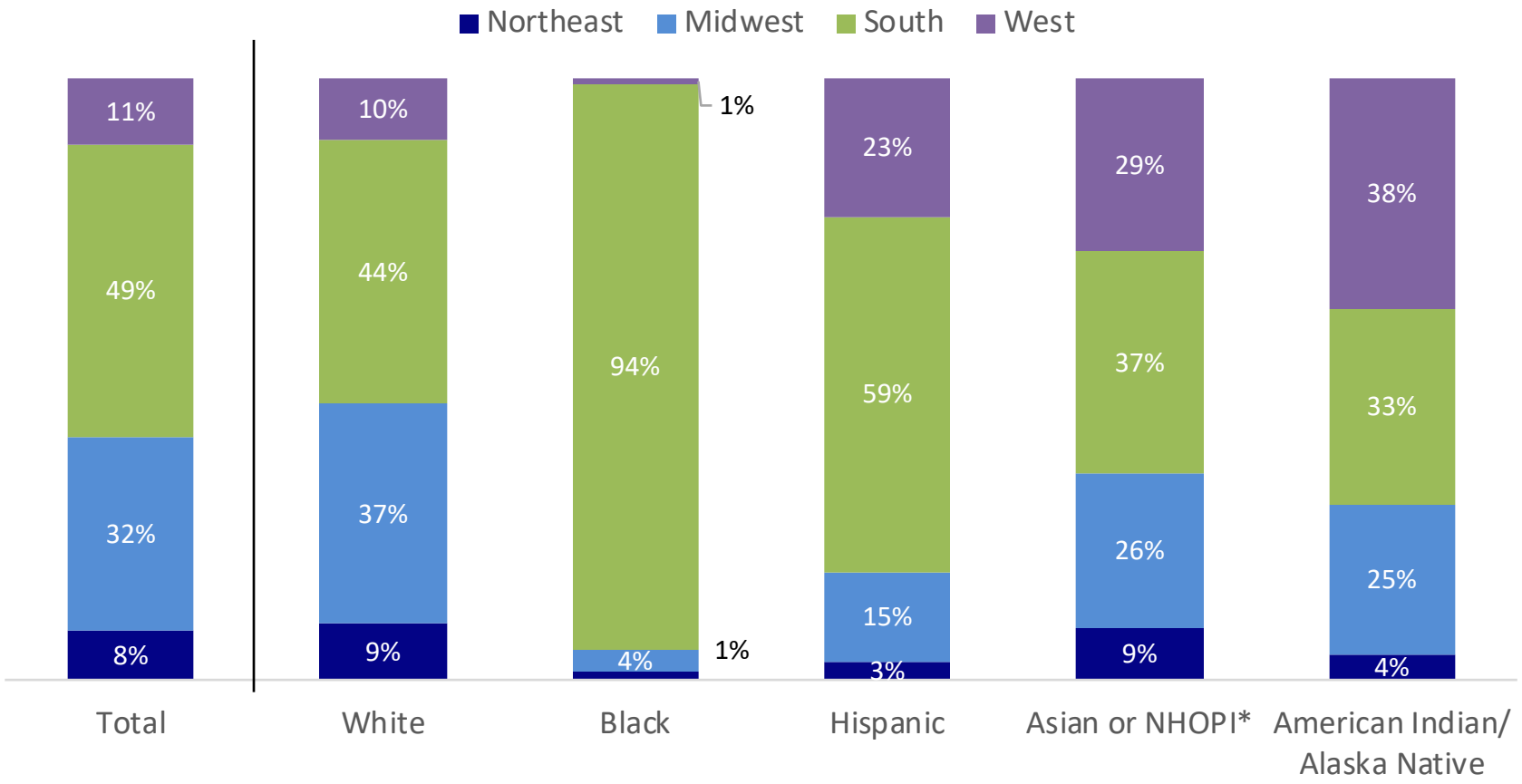
Understanding and Addressing Rural Health Disparities

Fair or Poor Health Status Among Rural Adults by Race & Ethnicity



SOURCE: James, Moonesinghe, Wilson-Frederick, et al., Racial/Ethnic Health Disparities Among Rural Adults – United States, 2012-2015. *MMWR Surveill Summ 2017*; 66(No. 23): 1-9.

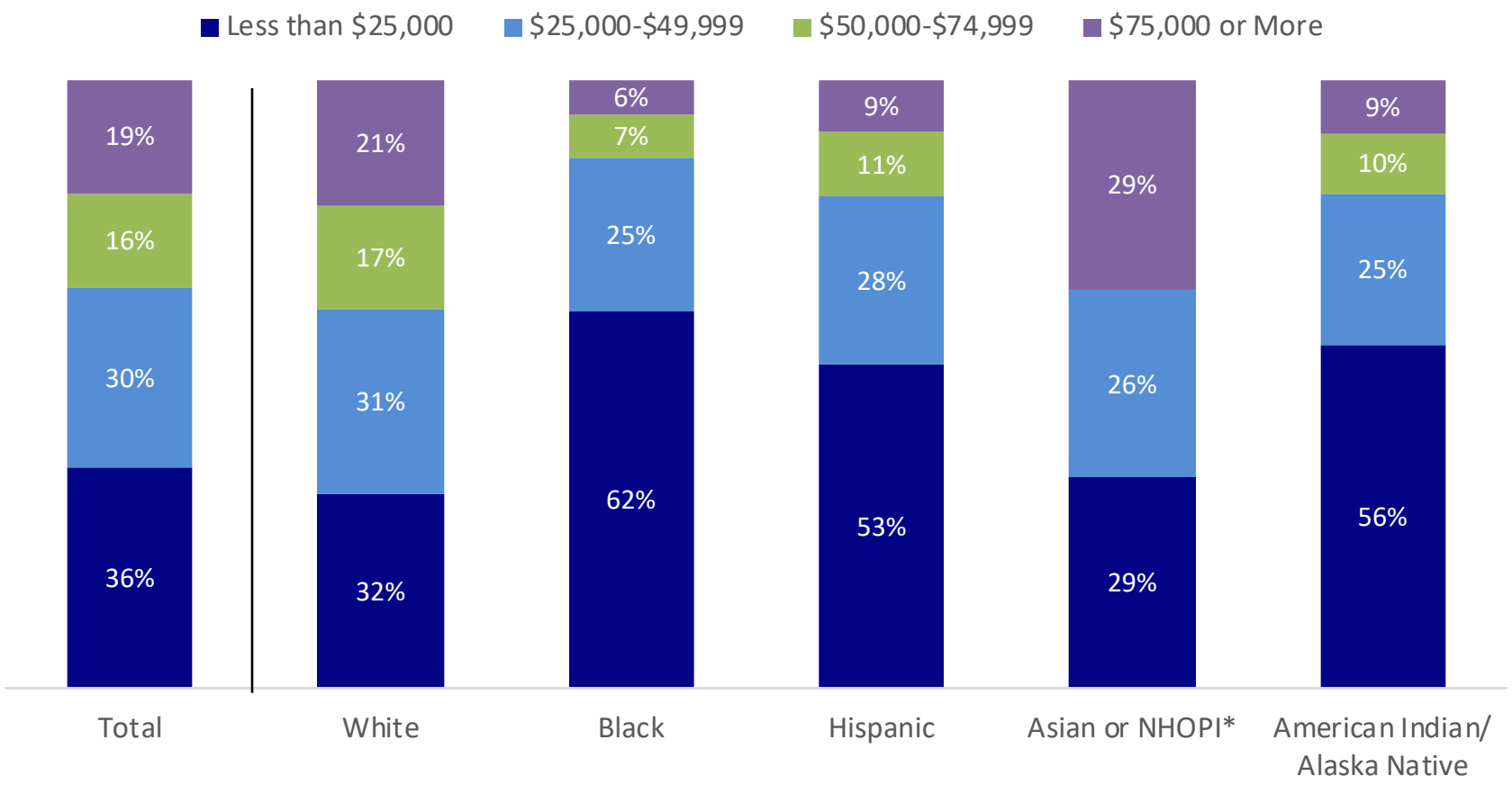
Regional Distribution of Rural Adults by Race and Ethnicity



NOTE: * Estimates not reported because relative standard error was >30%.

SOURCE: James, Moonesinghe, Wilson-Frederick, et al., Racial/Ethnic Health Disparities Among Rural Adults – United States, 2012-2015. *MMWR Surveill Summ 2017*; 66(No. 23): 1-9.

Income Distribution of Rural Adults by Race and Ethnicity



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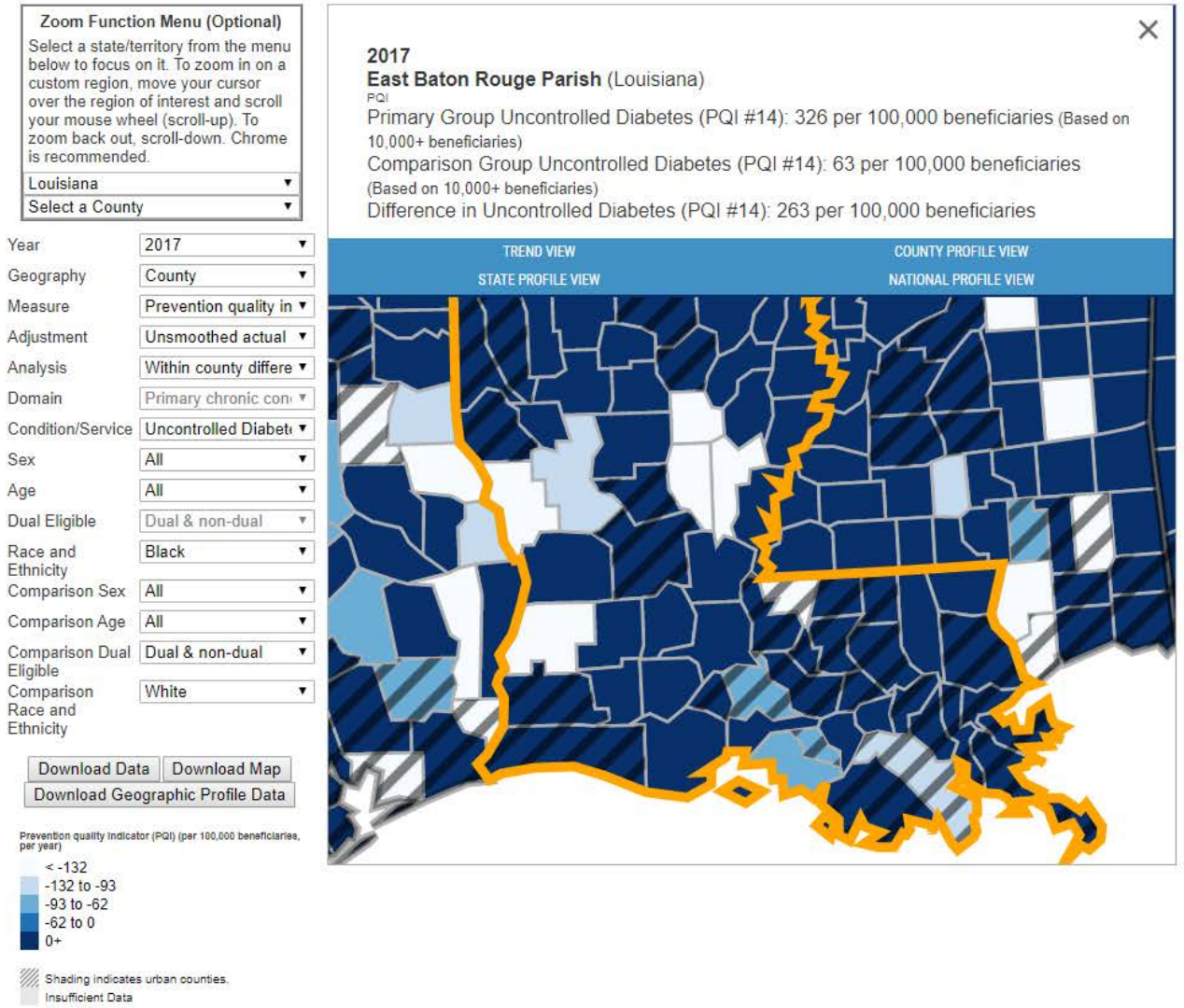
SOURCE: James, Moonesinghe, Wilson-Frederick, et al., Racial/Ethnic Health Disparities Among Rural Adults – United States, 2012-2015. *MMWR Surveill Summ 2017*; 66(No. 23): 1-9.

Black-White Disparities in Uncontrolled Diabetes by County, 2017



Healthy People 2020 and the Social Determinants of Health

- **Economic Stability**
  - Poverty
  - Employment
  - Food Security
  - Housing Stability
- **Education**
  - High School Graduation
  - Enrollment in Higher Education
  - Language and Literacy
  - Early Childhood Education and Development
- **Social and Community Context**
  - Social Cohesion
  - Civic Participation
  - Discrimination
  - Incarceration
- **Health and Health Care**
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy
- **Neighborhood and Built Environment**
  - Access to Healthy Foods
  - Quality of Housing
  - Crime and Violence
  - Environmental Conditions

SOURCE: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#two

Identifying and Addressing the Social Determinants of Health

- Finalized adding certain social determinants of health data elements on patient assessment forms completed by inpatient rehabilitation facilities (IRF), skilled nursing facilities (SNF), long-term care hospitals (LTCH) and home health (HH).
- Also accepting comments on whether additional SDOH data elements should be proposed.

For More Information:

Visit
go.cms.gov/ruralhealth

Or contact us at
Ruralhealth@cms.hhs.gov