Rural Health Open Door Forum
Moderator: Jill Darling
August 18, 2020
3:00 PM ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's call. At that time if you would like to ask a question please press star one. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to Ms. Jill Darling. Thank you. You may begin

Jill Darling: Great. Thank you Alison. Good morning and good afternoon everyone. Welcome to a Rural Health Open Door Forum. We're so glad to have you. Before we get into today's topic I have one brief announcement. This Open Door Forum is open to everyone.

But if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov. And I will now hand the call off to our co-chair John Hammarlund.

John Hammarlund: Thanks very much, Jill. How am I coming through?

Jill Darling: You sound great.

John Hammarlund: Great. Thank you Well, welcome everybody to see CMS' Rural Health Open Door Forum call. Actually more accurately I should say welcome back as we have not had one of these calls for quite a number of months. Now, that

shouldn't mean you haven't had opportunities to engage with CMS since the pandemic public health emergency was first declared because over the past few months CMS has sponsored hundreds of hours of stakeholder calls like our COVID-19 office our calls and our lessons from the front-line calls.

And we've had some providers= specific calls as well. And the CMS regional locations have also endeavored to reach out to rural communities over the past few months to ensure that you have a pipeline into the agency. And the primary focus of all of these efforts has been to explain the various COVID related flexibilities that CMS has promulgated to provide technical assistance and answer your questions about those flexibilities and also to listen to your feedback.

Your feedback has been absolutely critical during this unprecedented time as you've helped us refine our policies as we work with you to address the challenges of the pandemic. But we're delighted to be hosting a rural health-specific open door forum call again. It's nice to be back in the saddle. And we know that there will be much to share with you over the coming months.

And as always we'll be looking forward to your feedback. I'm delighted to be with you today. And I send a warm welcome, a warm hello from Carol Blackford, the Open Door Forum co-chair who unfortunately got pulled away at the last minute today. I'm also joined by the ever helpful and dedicated regional rural health coordinators who are eager to serve you and be your points of contact out in our regional offices.

And of course, we have our policy experts from our Baltimore headquarters including today's featured speaker Emily Yoder from the Center for Medicare who is here today to talk about a really important topic to you, the Telehealth

proposal under CMS' physician fee schedule proposed rule. And you'll note that that is today's sole topic.

We've arranged it that way in part because we want to make sure that there's adequate time to focus on Telehealth but also because we wanted to build in as much time as possible today for you to ask questions of and make comments to CMS on any topic.

And we may not have the right persons on the call today to answer all of your questions but we are eager to hear from you about whatever's on your mind. We'll be sure to take down your questions and find the best way to reply later whether that's by individual or on mass.

And that brings me to my final opening remark. I want to remind you that you help us shape the agendas for these calls. We do our very best to build the agendas around your informational needs. So, if there is a topic that you would like us to address in the future on one of the future ODP calls please write us at the following address and let us know how we can what topic we can address. Our email address is ruralhealthodf - that's all one word - ruralhealthodf@cms.hhs.gov.

Okay, I'm now going to hand the call back over to Jill to introduce our speaker. Thanks again everybody for joining today's Rural Health Open Door Forum call. Jill…

Jill Darling: Great thank you (John). And just to add that e-mail address is always on the agenda so please feel free to send an email in with any questions and comments. So, I will kick it off to Emily Yoder.

Emily Yoder: Thank you, Jill. Thank you John. Hi everyone. I'm Emily Yoder. I'm an analyst in the Centers for Medicare. And today I'm going to be providing an overview of our proposals for Medicare Telehealth and other virtual services in the CY 2021 physician fee schedule. We are now in the midst of the 60-day public comment period and the commentary closes on October 6.

So, as I'm sure you're very well aware Section 18 34M of the Social Security Act specifies under the circumstances under which Medicare may pay for Telehealth and certain other virtual services Medicare Telehealth, services or services you ordinarily furnished in person and are subject to geographic site of service practitioner and technological restrictions. And those restrictions are all enumerated in the statute.

In response to the public health emergency for the COVID-19 pandemic, CMS was able to waive a number of these restrictions as well as adopt regulatory changes to expand access to Medicare Telehealth more broadly. But outside of the public health emergency, the statutory restrictions would require an act of Congress to modify. The following is a summary of the regulatory flexibility that CMS is proposing to adopt on a permanent basis.

So, with regard to the Medicare Telehealth list, for CY 2021 we are proposing to add a number of services to the Medicare Telehealth list. These include the lower level established patient home and their domiciliary business, assessment and care planning for patients with cognitive impairments group psychotherapy and two add on codes associated with our previously and finalized office outpatient CMS policies.

Those would be those are what we are proposing to add on a permanent basis. We are also proposing to create a third temporary category of criteria for

adding services to the list of Telehealth services outside of the PHE. This new category, Category 3, describes services added to the Telehealth list during the PHE that will remain on the list through the calendar year in which the PHE ends. This will give the community time to consider whether these services should be delivered permanently to Telehealth outside of the circumstances of the public health emergency.

So, the services that we are proposing to add to the Telehealth list on this Category 3 basis include lower-level emergency department visits, higher-level established patient home and or domiciliary visits, certain psychological testing services and nursing facility discharge day management.

We are also soliciting comment on services added to the Medicare Telehealth list during the public health emergency that CMS is not proposing to add to the Medicare Telehealth list permanently or proposing to add temporarily on a Category 3 basis.

In response to stakeholders who stated that the once every 30-day frequency limitations of subsequent nursing facility visits furnished the American cohort provides unnecessary burden and limits access to care for Medicare beneficiaries in this setting.

We're proposing to revise the frequency limitation from one visit every 30 days as a Telehealth visit to one that in every three days with Telehealth. We are all seeking comments on whether it would enhance patient access to care if we were to remove the frequency limitations altogether and how to best ensure that patients continue to receive that necessary in-person care

For our communication technology-based services, now these are services as a

reminder that are not considered Medicare Telehealth and so are not subject to all of those restrictions but still utilize unique telecommunications technology.

We are clarifying that the licensed, with licensed clinical social workers clinical psychologists, physical and occupational therapists and speech-language pathologists who furnish the brief online assessment and management service as well as the virtual check-in and the remote evaluation of pre-recorded images and or video service.

So, for the duration of the PHE, we established separate payment for audio-only telephone evaluation management services. While we are not proposing to continue to recognize these posted payment under the PSS in the absence of the PHE, we do acknowledge that the need for audio on the interaction could remain as beneficiaries continue to try to avoid sources of potential infection. We're therefore seeking comment on whether CMS should develop coding and payments for service similar to the virtual check-in for a longer period of time.

For the duration of the PHE, we adopted an interim final policy revising the definition of direct supervision to include virtual presence of the supervising physician or practitioner using interactive audio-video Real-Time Communication Technology. So we are proposing to continue this policy up to the year in which the PHE ends or December 31, 2021 whichever is later.

We are also seeking information from commentators as to whether there should be any guardrails in effect as we finalize this policy through December 31. (unintelligible) The PHE or whether we should consider adopting this policy on a permanent basis and what this policy might introduce the beneficiary as they receive care from practitioners under remote supervision.

And finally in recent years, CMS has finalized payment for seven Remote Patient Monitoring or RPM codes. In response to takeover questions about RPMs, we are clarifying the proposed rule our payment policies related to the RPM services described by CPC codes 99453, 99454, 99091, 99457 and 99458.

In addition, we are proposing a permanent policy, two clarifications to RPM that we finalized in response to the PHE. We're proposing a permanent policy to allow our (unintelligible) personnel to furnish certain remote monitoring services under a physician's supervision and (unintelligible) personnel can include contracted employees.

We're also clarifying that the medical device supplied to the patient as part of the remote monitoring service must be a medical device as defined by Section 201 H of the Federal Food Drug and Cosmetic Act. And the device must be reliable and valid and that the data must be electronically i.e. automatically collected and transmitted rather than self-reported. Sending it back to you Jill, are you there?

Jill Darling: Yes. I'm sorry. I was on mute. I apologize. Thank you, Emily. And (Alison), we will open the lines for Q&A, please.

Coordinator: Yes ma'am. Thank you. If you would like to ask a question over the phones, please press star one and record your first and last name. To withdraw your question, you may press star two. Once again to ask a question, please press star one and record your first and last name. Thank you. Just a few moments for questions. And our first question is from Tim Walters. Your line is open

Tim Walters: Thank you very much. Appreciate that. Appreciate everything that CMS is doing in the midst of the pandemic. We are certainly in the middle of a battle right now with cases surging in our area. One of the biggest issues that we are facing right now particularly as a rural hospital is trying to get ready to deal with the price transparency requirements that are effective Jan. 1.

There is absolutely no way we're going to have the main charge master requirement addressed. That's a long ways off but we're hoping to at least try to get the shoppable services addressed as we know that would be helpful to patients. Is CMS going to provide an extension on these requirements given the pandemic? I mean there's - to pay the $300 a day penalty just seems like an extra burden right now for rural hospitals. that's that we don't need in the midst of everything else.

So is CMS going to provide some sort of extension for rural providers in particular from the January 1 deadline?

Emily Yoder: Hi there. So this is Emily. I'm actually not the right subject matter expert to answer your question. Jill or John is there an e-mail address that you could submit a question to.

John Hammarlund: There is. This is John Hammarlund. And I just - let me just acknowledge that CMS has heard from a number of rural providers. their concerned about this. I can't answer you at the moment as to what we might be doing. But I acknowledge that we've had conversations about it based on the input we have received.

So, we hope to have some word out. But you can certainly pose your question to us. Jill if you can give that e-mail box again to our listeners, we'll be sure to

address the question.

Jill Darling: Yes, absolutely. It's rural health, D as in dog, F as in frank, ruralhealthodf@cms.hhs.gov. There are no spaces. It's on the agenda.

Tim Walters: Okay, thank you.

Jill Darling: Yes, sure thing.

Coordinator: This is the operator. One moment, please.

John Hammarlund: We're even providing musical interludes these days.

Coordinator: Okay, and our next question is from Eve Goldman. Your line is open.

Eve Goldman: Hi I'm calling from Oklahoma where many rural counties have only about 30% or 40% broadband coverage. So although there is a lot of interest in Telehealth for many rural residents it's not a practical matter. Or, the cell plans in these rural areas don't include much in the way of Internet connection or have just a certain number of minutes or quantity of Internet connection for the rural residents.

What is available in terms of being able to help rural residents with the costs of Telehealth, their own personal out-of-pocket costs for Internet services on their phones. Is that something that Medicare Advantage plans can offer to members, more Internet service in rural areas in order to make Telehealth economical for patients? Thank you.

John Hammarlund: Do we have anybody on in Baltimore who can address that question?

Emily Yoder: This is Emily. Unfortunately, I can't speak to that question either other than to acknowledge that we've definitely been hearing those concerns and I would encourage you to sort of submit that as the follow-up question in writing

Marge Watchorn: And this is (Marge Watchorn). I would also encourage you to consider submitting that concern as public comments on the physician fee schedule so that we can consider it formally through our rulemaking process. Thank you

Eve Goldman: Thank you.

Coordinator: Thank you. And our next question is from Gerald Rogan. Your line is open,

Gerald Rogan: Hi. Calling from Sacramento, California. Will CMS be issuing a Meddlers Matters document or any other instruction regarding documentation requirements for Telehealth services?

Emily Yoder: Hi, this is Emily. I am not aware of anything in the works currently but we'll certainly take that into consideration. And we will be issuing, presumably we'll be issuing some sort of guidance once we have the finalized policies.

Gerald Rogan: So if I may, the - I used to work in program integrity at CMS and my concern is that there could be the need to make sure that for each service reimbursed, that it actually was provided. That's the reason for the question.

Emily Yoder: Yes, absolutely understood. And like the prior caller, I would actually very much encourage you to submit that as a public comment. We would certainly be considering issues like the ones that you just articulated when it comes to how and if we finalized the policies in the proposed rule so thank you for that.

Gerald Rogan: Okay. Thanks

Coordinator: Thank you. And as a friendly reminder once again to ask a question please press star 1 and record your first and last name. To withdraw your question, you may press star two. Just a few moments for further questions. And I'm showing no further questions at this time

Jill Darling: All right. Well, thanks, everyone. John, any closing remarks?

John Hammarlund: Thanks Jill. Just a thought. So, you all heard Marge and Emily say a couple of times please be sure to submit your comment as part of the notice and comment rule-making process. I just think that's a really important thing to emphasize. So, I'll just take a moment to say that, you know, under the Administrative Procedures Act that is the way that you give input to us about our proposed rules.

And I know because I've worked in Baltimore and I know the work that our colleagues do that they read every single comment that they receive and take them seriously. And you have an opportunity to inform our thinking and change our minds.

And what's particularly useful, as somebody who used to read comments, what is useful for us is when you can tell your story when you can describe how our proposed policy is going to impact your health facility, your community, your economic bottom line, access to care for your patients.

If you can give us details about your story and then if you can also suggest other ways that we may be able to go about achieving the goal we wanted to

achieve by that policy but through a different route, that's helpful as well. In other words, you can say, CMS I understand what you're trying to do but the way you're - the approach you're taking isn't going to work for us in our community.

But here's another approach you could consider. That sort of level of comment is very, very useful to us as a regulatory agency. And it takes a lot of time. I know it takes a lot of effort to read through the federal register. I understand. And you're very busy. And you are your important goal is to provide care to patients and you are also dealing with all of the challenges under the pandemic.

But if you have an opportunity to take a look at the proposed rule, the Physician Fee Schedule, and then tell us your story, that is very useful to us and it helps inform our thinking. So, I just want to urge you all if you can, to please comment on the Physician Fee Schedule proposed rule. With that, I don't have any other comments unless my other colleagues in CMS headquarters do. Thank you

Jill Darling: All right everyone, thank you so much for joining our call today. Again our e-mail is ruralhealthodf@cms.hhs.gov. You will get a portion of your time back. So, we appreciate you calling in and we look forward to hearing from you on our next Rural Health Open Door Forum call. Thank you, everyone.

Coordinator: Thank you for your participation. This now concludes today's conference. All lines may disconnect at this time.

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