

Centers for Medicare & Medicaid Services  
Questions and Answers  
Open Door Forum: Rural Health  
Thursday, April 27, 2023

1. Question: I'm dealing with a couple of hospitals, the new REH designation. Both of them have their designations, but we're having problems with the intermediaries. The intermediaries do not know how to receive the claims. They're not mapping them correctly. The intermediaries are immediately turning off the old PTAN. Normally, you have 120 days to clean up your old claims. And there are other major issues, like some of the payers like Medicare and some of the States have no idea what's going on. These REHs are basically - their cash has stopped almost immediately. And I'm trying to reach out to the two different MACs that I'm trying to deal with, I'm getting nowhere.
  - a. Answer: Participant's question has been circulated to his local MAC and will work with him.
2. Question: We're concerned about the economic impact of these rural emergency hospitals in both Georgia and Florida.
  - a. Answer: Part of what we do in every rulemaking is, we're required to look at the impact of the rules that we propose to the public, and then when we finalize them after we review the public comments, also include that impact. So, in the rules related to the rural emergency hospitals, there is an impact analysis. I don't know if that broadly addresses kind of what you're looking for. It may not be quite as broad and it sounds very much like you are taking a very global view, not just that kind of the healthcare piece. Obviously, you're very interested in healthcare. I can hear the passion in your voice, but you're also more broadly interested in the rural communities and their economic viability. Our impact analysis may not quite go that far in terms of overall economic health and projections of a community. There are so many factors beyond what Medicare and Medicaid are doing that can influence that, obviously, as you know. But in those rules, all the way in the back are what we call impact analyses, regulatory impact analyses, and they review both in sort of a narrative form, and also charts by region of the country and by type of facility, how we think payments will change. Again, that may not be quite as broad as I think the question you were asking. And we're trying to lead the conversation was to make sure we're putting you in touch with the folks at the agency who might be able to speak a little bit more broadly on the quality and access question that I think you're also asking.
    - i. Response: We're asking on an economic question and mortality. We're looking at it from a macroeconomic perspective. And economics is

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healthcare in rural underserved America. And we're looking at it from a macro perspective, and we're trying to look at any increased mortality from the closing of hospitals. This has happened historically, and we're trying to see what's coming in reality.

1. Response back: No, and I appreciate that, and I think that's really important work, and I think our qualities - our colleagues on the quality side, yes, I work on the payment side, so we crunch the numbers when we look at payment rates, but I think our colleagues on the quality side would be best positioned to either answer more directly on the mortality question, or point you to other resources within the federal government who may be taking a somewhat different view, because this goes beyond just Medicare. I know Medicare is kind of the triggering event, right, and the triggering set of circumstances that have prompted a broader review that you seem to be doing. But I think, if you're willing to send an email to us at that rural health ODF email, we'll be able to connect you with the right people at the agency on the mortality question and to try to figure out if there's others within HHS that can help take sort of a broader view and facilitate the work you're doing.
3. Question: My question relates to the disposition of the waivers. The FAQs is definitely helpful. Call out number 12 that deals with the three-day hospital stay and gets into a little bit more detail.
  - a. Answer: We'll definitely take your question back and see if we can add to the FAQs.
4. Question: My question is concerning the licensed professional counselors and family marriage counselors and their ability to perform services and for us to get reimbursed. In our reading of this, it appears that it will have to be an incident 2, a provider who can bill. Is that correct?
  - a. Answer: Section 4121 of the Consolidated Appropriations Act, 2023, establishes a new Medicare benefit category for marriage and family therapist (MFT) services and mental health counselor (MHC) services furnished by and directly billed by MFTs and MHCs, respectively. MFT and MHC services are defined as services for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital). An MFT or MHC is defined as an individual who possesses a master's or doctor's degree, is licensed or certified by the State in which they furnish services, and who has performed at least 2 years of clinical supervised experience, and meets other requirements as the Secretary

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determines appropriate. This provision is effective for services furnished on or after January 1, 2024.

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