Rethinking Rural Health:
Increasing Access and Improving Quality of Care for Rural Communities

Tamika Lyons
Rural Health Coordinator/HIS

Thomas Bane, LMSW
Health Insurance Specialist

CMS New York Regional Office
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CMS has started a national conversation about improving the health care delivery system, how Medicare can contribute to making the delivery system less bureaucratic and complex, and how we can reduce burden for clinicians, providers and beneficiaries in a way that increases quality of care and decreases costs – making the health care system more effective, simple, and accessible, while maintaining program integrity and preventing fraud.
CMS is the largest purchaser of health care in the world.

Combined, Medicare and Medicaid pay approximately one-third of national health expenditures (approx $800B).

CMS covers 140 million people through Medicare, Medicaid, the Children’s Health Insurance Program; or roughly 1 in every 3 Americans.

The Medicare program alone pays out over $1.5 billion in benefit payments per day.

Through various contractors, CMS processes over 1.2 billion fee-for-service claims and answers about 75 million inquiries annually.
CMS Strategy - Putting People First

- Empowering Patients and Clinicians to Make Decisions about Their Healthcare
- Ushering in a New Era of State Flexibility and Local Leadership
- Supporting Innovative Approaches to Improving Quality, Accessibility, and Affordability
- Improving the CMS Customer Experience
CMS Strategic Priorities for 2019
CMS Program Authorities

- CMS Quality Payment Program
- Hospital Value-Based Purchasing
- ESRD Quality Improvement Program
- Skilled Nursing Facility Home Health Agencies

CMS Payment

- Value-based Purchasing
- CMMI & Medicaid

CMS Quality Improvement

- Survey & Certification
- Clinical Standards

CMS Quality Measurement & Public Reporting

- Quality Improvement
- Hospitals & PAC Facilities, Home Health Agencies, ESRD Facilities, Hospices

CMS Measure Development

- QIOs
  - Hospital Innovation & Improvement Networks
  - ESRD Networks

CMS Care and Payment Model Tests

- Accountable Care Organizations
- Dual eligible demonstrations
- Medicaid Section 1115 Waivers
- Medicaid HCBS Programs
- Medicaid State Plan Amendments

CMS Targeted Surveys

- Quality Assurance Performance Improvement

CMS Hospital Readmissions Reduction Program

- Health Care Associated Conditions Program
- Medicare Physician Fee Schedule
- Physician Feedback Report Quality Resource Utilization Report

CMS Hospital Inpatient Quality, Hospital Outpatient

- In-Patient Psychiatric Hospitals
- Cancer hospitals, Ambulatory Surgical Centers
- Nursing homes
- Home Health Agencies
- Long-term Care Acute Hospitals
- In-patient rehabilitation facilities
- Hospices
- ESRD Facilities
Rethinking Rural Health

Making health care in rural America accessible, affordable, and accountable
Medicare Rural Health Updates

• Rural Health Strategy
• Telehealth Expansion
• Addressing the Opioid Crisis
• Medicare Diabetes Prevention Program (MDPP)
• New Medicare Card
• E-Medicare
• Innovation
May 2018 - CMS launches Agency’s first rural health strategy to improve access and quality of care for rural Americans

CMS recognizes the many obstacles that rural Americans face, including living in communities with disproportionately higher poverty rates, more chronic conditions, and more uninsured or underinsured people. The goals of our Rethinking Rural Health Initiative are to develop programs and policies that ensure rural Americans have access to high-quality care, support rural providers and not disadvantage them, address the unique economics of providing healthcare in rural America, and reduce unnecessary burdens in a stretched system to advance our commitment to improving health outcomes for Americans living in rural areas.

Remarks by Administrator Seema Verma at the National Rural Health Association Annual Conference (As prepared for delivery – May 8, 2019)

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
• Analyzed Medicare FFS claims data and found use of telehealth increased between 2014 and 2016, though the overall rate of adoption is still very limited.

• Significant growth in utilization among the oldest population—beneficiaries 85 years and older.

• Psychotherapy is among the services most commonly furnished through telehealth.
Telehealth Expansion

• Payment to FQHCs and RHCs for Virtual Check-Ins
• Medicare Advantage plans to offer innovative telehealth services as part of their basic benefit.
Virtual Communications Services - Payment

- Effective 1/1/19
- 2019 Payment Rate - $13.69 per service
- No frequency limitations
- Must use G0071 on claim
- No waiver on coinsurance and deductibles
- Billed alone or with other payable services
- Payment rate updated annually based on the PFS amounts for applicable codes
Payment set at the average of the PFS national, non-facility payment rate for the 4 codes

2019 Payment Rate - $67.03 per patient per month

Must use G0511 on claim

No waiver on coinsurance and deductibles

Billed alone or with other payable services

Payment rate updated annually based on the PFS amounts for applicable codes
Information on the Medicare RHC Program:
https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html

Questions on Medicare Payment and Policies:
RHC@cms.hhs.gov
CMS finalizes policies to bring innovative telehealth benefit to Medicare Advantage


The final rule can be downloaded from the Federal Register at: https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-06822.pdf
March 2019

CMS Roadmap
FIGHTING THE OPIOID CRISIS

Opioids killed more than 47,000 in 2017, or 130 people per day.1

36% of all opioid overdose deaths involve a prescription opioid.

PRESCRIPTION OPIOID MISUSE

When used correctly, prescription opioids are helpful for treating pain.

The CDC issued guidelines for safe prescribing of opioids in primary care.

An estimated 11.4 million people misused prescription opioids2—putting them at risk for dependence and addiction.

3 out of 4 people who used heroin misused prescription opioids first.3

OPIOID USE DISORDER

Over two million people have an opioid use disorder.

Treatment options exist, including medication-assisted treatment (MAT).

Only 20% of people with opioid use disorder receive treatment.4

Learn more about prescription opioid misuse
Learn more about opioid use disorder and treatment

KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a vital 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
SUCCESSES SO FAR

**COVERAGE**
CMS coverage policies now ensure some form of medication-assisted treatment across all CMS programs—Medicare, Medicaid, and Exchanges.

**AWARENESS**
CMS sent 34,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.

**TRACKING**
Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors declined by 40% in 2017.

**BEST PRACTICES**
CMS activated over 4,000 hospitals, 120,000 clinics, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.

**ACCESS**
As of January 2019, CMS approved 21 state Medicaid 1115 demonstrations to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.

MOVING FORWARD

**PREVENTION**
Significant progress has been made in identifying inappropriate prescribing patterns.

**TREATMENT**
Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatment.

**DATA**
Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment.

**CMS CAN BUILD ON THESE EFFORTS TO FURTHER:**
1. Identify and stop inappropriate prescribing of opioids
2. Enhance diagnosis of OUD to get people the support they need earlier
3. Promote effective, non-opioid pain treatments
4. Ensure access to treatment across CMS programs and geography
5. Give patients options for a broader range of treatments
6. Support innovation through new models and best practices
7. Understand opioid use patterns across populations
8. Promote sharing of data across continuum of care
9. Monitor trends to assess impact of prevention and treatment efforts

IMPLEMENTING THE SUPPORT ACT
The SUPPORT for Patients and Communities Act was enacted on October 24, 2018. CMS is implementing a number of new initiatives under that law that aim to increase options for treating beneficiaries with opioid use disorder, ensure prescriber accountability and improved safety for patients across CMS programs, and illuminate Medicaid prescribing data.

A CLOSER LOOK: DETAILED ACTIVITIES ON THE 2019 ROADMAP

**PREVENTION**
Continue reducing inappropriate opioid prescribing by:
- Implementing a new authority to limit Medicare beneficiaries to certain pharmacies and doctors or “lock-in.”
- Strengthening real-time prescription controls with the use of prescription drug databases and point of sale pharmacy edits.

Incorporate incentives for appropriate prescribing into future Medicare Quality Star Ratings and the Quality Payment Program.

**TREATMENT**
Identify and develop solutions for treatment barriers for pain and opioid use disorders across Medicare, Medicaid, and private health plans, including:
- Access to non-opioid pain treatments.
- Access to medication-assisted treatments (MAT), and
- Access to providers in rural and other low-access communities.

DATA & ANALYTIC TOOLS
CMS will focus our data efforts and provide tools for states, plans, and providers to:
- Monitor access of prevention measures related to reducing overuse and misuse of prescription opioids.
- Improve transparency tools and interoperability, and expand data tools like the “heat map” of prescribing rates in Medicare and Medicaid that help determine where to target safe prescribing efforts (see maps below).
- Analyze prescription opioid use patterns across CMS programs and in special populations such as individuals in rural areas, with dual Medicare/Medicaid eligibility, and with certain health conditions.
- Support state Medicaid program capacity to track and report data.
Where can patients go for more information?

Contact the Medicare drug plan. The contact information is in the member materials or on the patient’s membership card.

Read the “Your Guide to Medicare Prescription Drug Coverage” booklet. View or print the booklet at www.Medicare.gov/publications


Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

For resources and information about the National Opioid Crisis go to: www.hhs.gov/opioids or Center for Disease Control (CDC) at: https://www.cdc.gov/drugoverdose/epidemic/index.html

Medicare Diabetes Prevention Program

For additional information
Visit: http://go.cms.gov/mdpp
Email: mdpp@cms.hhs.gov
New Medicare Card

- CMS issued new Medicare cards
- Replace HICN with 11-digit identifier
  - No Social Security number
  - Can print online
  - Excludes letters S, L, O, I, B, Z
  - Starting Jan 1, 2020 must use MBI for billing

For more information, or to see when the new Medicare card will mail to your state, visit Medicare.gov/newcard.

Social Security Number removed from new card.
New number unique to individual.
Putting Data in the Hands of Patients

- **Blue Button 2.0**
  - Developer-friendly, standards-based API
  - Developer preview program – open now (over 1200 developers so far)
  - Data security is of the utmost importance

- **Promoting Interoperability Program for Hospitals and Clinicians**
  - Program alignment
  - Strong emphasis on interoperability and privacy/security
  - 2015 edition Certified EHR Technology
New Medicare Plan Finder

Medicare Plan Finder Video
The new “What’s Covered” app lets people with Original Medicare, caregivers and others quickly see whether Medicare covers a specific medical item or service.
Innovation
Rural Innovation Models

- Vermont All-Payer ACO Model
- Pennsylvania Rural Health Model
- Rural Community Hospital Project
- Accountable Health Care Model (AHC)
- Frontier Community Health Integration Project (FCHIP) (Ended July 2019)

NEW Innovation Models

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

**Rural Maternal Health Issue Brief**
- Access to Maternal Health Care in Rural Communities Before, During, and After Pregnancy
- Opportunities to Improve Access to Maternal Health Care in Rural Communities
- Case Studies on Improving Access

**Rural Maternal Health Video**
- Features a first-person account of a patient and obstetrician as it relates to accessing maternal health services in a rural community.
- Learn from this mom about her story of accessing maternity and childbirth services.
CMS Health Equity Framework

Increasing understanding and awareness of disparities

Developing and disseminating solutions

Implementing sustainable actions
Mapping Medicare Disparities (MMD) Tool
How Stakeholders Can Get Involved

- **CMS Open Door Forums** - Find out about upcoming changes and get your questions answered.

- **Medicare Learning Network and MLN Connects® Provider eNews** - Get provider resources on CMS programs, policies and initiatives, such as Medicare Shared Savings Program.

- **NPRMs and RFIs** - Tell us what you think!

- **Join the CMS Listserv:** [https://www.cms.gov/newsroom](https://www.cms.gov/newsroom)

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Any Questions
Contact the New York Regional Office

Tamika Lyons 212-616-2340
Tamika.Lyons@cms.hhs.gov

Thomas Bane 212-616-2427
Thomas.Bane@cms.hhs.gov

go.cms.gov/ruralhealth