Newsletter
April 2021

CARHC
California Association of Rural Health Clinics

Message from our President

I am so very proud of how our Rural Health Clinics continue to respond and often lead public health efforts toward gaining COVID-19 herd immunity.

Many of you have engaged in efforts to ensure your community, beyond just your assigned patient population, have access to a COVID-19 vaccine. I thank you for adding this huge task to an already challenging scope of work.

Although the COVID-19 pandemic has been a physical and financial challenge for healthcare industry, I believe Rural Health Clinics will benefit from our proven flexibility. One of the most positive outcomes realized from the pandemic is the ability for Rural Health Clinics to provide and be compensated for telemedicine services. While the technology has existed for years the payment model didn't support the adoption. As we all move forward, I look forward to learning and sharing operational best practices for an effective telemedicine program.

Advocating for Rural Health Clinics is a priority for our organization. Congressman Jim Costa, provided us with an open forum to share our concerns about the original proposal of the Modernization Act. Our discussion was timely, well presented and impactful. We have a lot more advocacy work to do in order to strength our financial positon and opportunities for secure federal grant funding in support of expanding and adopting innovative programs to reach those who need our care. If advocacy is an area of expertise or interest, please reach out to me.

In closing, I am so pleased with our Virtual Conference Series. Thank you to those who continue to be dedicated to the success of our work through active involvement in our learning opportunities. The lunch hour learning is safe, free, informative and motivating. Join us.

Continually inspired by your service.

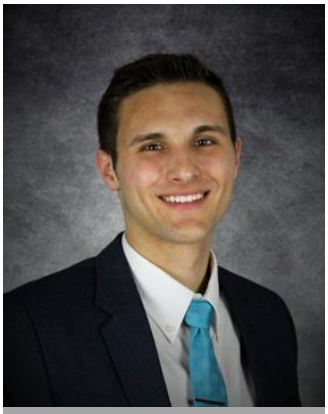
Karen Paolinelli

Karen Paolinelli, RN, PA-C, FNP-C

President

Meet our NEWEST BOARD member

Jaxon Williams joined the CARHC Board of Directors in January 2021. He has served as the Assistant Director of Hospital Clinics at Fairchild Medical Center for two years. He also serves as the Life Safety Officer for the hospital's Environment of Care Committee.



Jaxon Williams
Assistant Director Hospital Clinics
Fairchild Medical Center

Jaxon obtained a BS in Healthcare Administration from Brigham Young University – Idaho. Prior to his career at Fairchild Medical Center, he worked for Providence Medical Group in Oregon and HCA Physician Services Group in Idaho.

Jaxon is passionate about improving access to healthcare services for the medically underserved. In his free time, Jaxon enjoys hiking, playing volleyball, and exploring everything California has to offer.

National Organization of State Offices of Rural Health

The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, healthcare for 57 million rural Americans. NOSORH enhances the capacity of SORH by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities.

Below is the contact information for California. You can direct questions here to the SORH.

California Primary, Rural, and Indian Health Division
California Department of Health Care Services
Work1500 Capitol Avenue, MS 8502Sacramento CA 95814
Work Phone: 916-449-5770**Work Fax**: 916-449-5777
Website: California Primary & Rural Health Division

RHC Grandfathering Fix Signed into Law

As expected, on April 14th, President Biden signed H.R. 1868 into law, fixing many of the issues with the RHC payment modernization law enacted in December. The legislation also retroactively extends the suspension of the 2% across-the-board Medicare sequestration through the end of 2021. Since April 1, CMS had been holding claims pending passage of this legislation, we expect CMS to lift this hold imminently.

The legislation makes the following changes to the RHC program:

- Corrects a drafting error on the effective date of the grandfathering from 12/31/2019 to 12/31/2020. Meaning that all uncapped provider-based RHCs enrolled in Medicare by the end of 2020 will be grandfathered into the new payment structure.
- Allows clinics owned by hospitals with fewer than 50 beds that submitted (and Medicare received) an 855A or PECS application for enrollment in Medicare as an RHC prior to the end of 2020 to be grandfathered into the new payment structure. These clinics will have their clinic-specific cap set on their 2021 cost per visit.
- Requires that grandfathered RHCs must be owned by under 50-bed hospitals to retain their grandfathered status. If the parent hospital exceeds 50-beds then the RHC would lose grandfathered status and be subjected to the main statutory cap.

NARHC continues to work with Congress on legislation that will create a mechanism for "mid-build" RHCs, that were in the process of establish or constructing their clinic by the end of 2020 but had not yet submitted their 855A/PECOS application to also be grandfathered into the new payment structure.
https://www.narhc.org/News/28843/RHC-Grandfathering-Fix-Signed-into-Law

Update of DHCS Telehealth Policy

On February 2, 2021, the Department of Health Care Services (DHCS) released its telehealth policy recommendations consisting of broad-based telehealth policy changes that would remain permanent fixtures following the eventual termination of the COVID-19 public health emergency (PHE). At a high-level, DHCS is seeking to modify or expand the use of synchronous telehealth, asynchronous telehealth, telephonic/audio-only, other virtual communication and to add remote patient monitoring to create greater alignment and standardization across delivery systems, as indicated. DHCS' proposal includes advancing the following telehealth policy recommendations effective July 1, 2021 (or in accordance with receipt of all necessary federal approvals):

- Allowing specified Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers to establish a new patient, located within its federal designated service area, through synchronous telehealth.
- Make permanent the removal of the site limitations on FQHCs and RHCs, for example, allowing them to provide services to beneficiaries in the beneficiary's home.
- Expanding synchronous and asynchronous telehealth services to 1915(c) waivers, the Targeted Care Management (TCM) Program and the Local Education Agency (LEA) Medi-Cal Billing Option Program (BOP), and add synchronous telehealth and telephone services to Drug Medi-Cal.
- Requiring payment parity between in-person, face-to-face visits and synchronous telehealth modalities, when those services meet all of the associated requirements of the underlying billing code(s), including for FQHC/RHCs. Payment parity is required in both fee-for-service and managed care delivery systems unless plan and network provider mutually agree to another reimbursement methodology.
- Expanding the use of clinically appropriate telephonic/audio-only, other virtual communication and remote patient monitoring for established patients only. These modalities would be subject to a separate fee schedule and not billable by FQHC/RHCs.
- Providing that the TCM Program and the LEA BOP will follow traditional certified public expenditure cost-based reimbursement methodology when rendering services via applicable telehealth modalities.

While DHCS' recommended changes incorporate some but not all of the temporary COVID-19 PHE telehealth flexibilities, DHCS believes its approach is both reasonable and balanced in terms of promoting appropriate standards of care, access to quality health care services and helping to ensure equity in availability of modalities across the delivery systems, while also maintaining beneficiary choice, preserving provider flexibility, and protecting the integrity of the Medi-Cal program (from both a fiscal and quality perspective). Moreover, DHCS also believes the proposed telehealth policy changes can help provide beneficiaries, especially those residing in rural and underserved areas of the State, with increased access to critically needed subspecialties, and could improve access to culturally appropriate care, such as allowing care with a provider whose language, race, or culture are the same as that of the beneficiary.

For more information relative to DHCS' full post-PHE telehealth policy recommendations, please review the telehealth policy recommendations document, which is available on both DHCS' Telehealth webpage and DHCS' COVID-19 Response page. DHCS is also proposing trailer bill legislation (TBL), which will be posted on the Department of Finance's TBL webpage.

Department of Health Care Services
www.dhcs.ca.gov

COVID Vaccine Administration to Be Added to Cost Report

The Centers for Medicare and Medicaid Services (CMS) confirmed to NARHC today that they are "in the process of modifying the Worksheet B-1, to add an additional column for the COVID vaccines and administration and we are also including a subscripted line to report MA patients in addition to traditional Medicare [we] hope to have a revised cost report out within the next 30 days."

This modification will allow RHCs to separate out COVID vaccine costs from the influenza and pneumococcal costs and it will ensure that RHCs are paid their full Medicare costs for all three vaccines.

Because reimbursement for the administration of the COVID vaccination is to be made through the cost report for both *Medicare Advantage* patients as well as traditional Medicare patients, it was imperative for CMS to break out COVID vaccine administration costs from the influenza and pneumococcal columns.

As a reminder, RHCs will be reimbursed a lump sum amount for COVID-19 vaccine administration based on costs as reported on the cost report. Here is the policy as articulated on the CMS website:
COVID-19 vaccines and their administration will be paid the same way influenza and pneumococcal vaccines and their administration are paid in RHCs and FQHCs. Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report. The beneficiary coinsurance and deductible are waived. RHCs and FQHCs should include COVID-19 vaccines and their administration costs for patients enrolled in Medicare Advantage on the cost report as well. For additional information, please see https://www.cms.gov/covidvax.

TPA and Rural Health Clinics

Rural Health Clinics participating in the COVID-19 Vaccine Program may apply for financial support. The State launched the program to support providers administering COVID-19 vaccines to the most impacted populations and assist with equitable vaccine delivery to all Californians. The financial support program covers selected costs that are incurred due to scaling up vaccine administration, transitioning to My Turn, or implementing other plans that support State vaccination goals and priorities. Such assistance may include but is not limited to staffing and training support, technology infrastructure, supplies and equipment needed to deliver vaccines. The State will review all provider requests and will approve eligible costs as budgets allow.

Program application: In order to apply for financial support, please submit:

- **Completed 204 form**: Please populate the attached 204 form which will be submitted to the State for review
- **Fund application with itemized costs**: Please submit an itemized fund application using the attached Excel template to be e-mailed to CovidVaccineNetwork@blueshieldca.com The TPA will process all requests and prepare them for review by the State. For requests approved by the State, funds will be released within 45 days of the request approval.

2021 California Rural Health Conference Virtual Webinar Series

Sponsored By:

Anthem BlueCross

May 20, 2021 ▪ 12 pm

ERISA Revenue Recovery

Presented by Troy Roth-Argos, Argos Health

Click HERE to register

August 6, 2021 ▪ 12 pm

Leaves of Absence

Under the California Family Rights Act

Presented by Janet Keen, Sierra HR Partners

Click HERE to register

Renew your membership today!

Click here to log into your member portal and pay via debit or credit card.

If you have any issues logging in, or would like to be sent an invoice, please contact us at INFO@CARHC.ORG

Reminder: CARHC and NARHC are separate memberships with separate billing.
If you renewed your NARHC Membership it no longer includes the membership with CARHC.