Federal Role in Rural Health: Centers for Medicare & Medicaid Services

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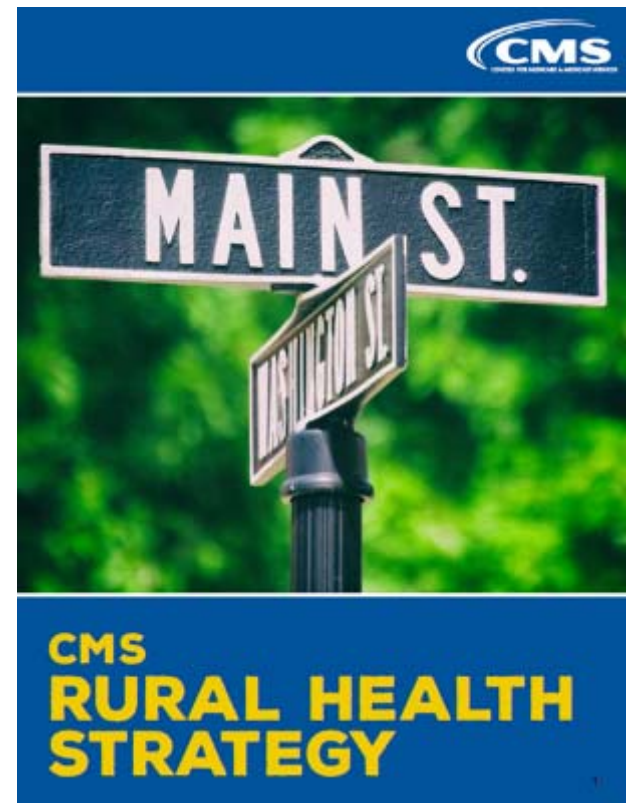
November 2018

CMS Rural Health Strategy
Making health care in rural America accessible, affordable, and accountable

CMS Rural Health Strategy

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

Feedback from Listening Sessions

- Improving reimbursement
- Adapting and improving quality measures and reporting
- Improving access to services and providers
- Improving delivery and payment models
- Engaging consumers
- Recruiting, training, and retaining the workforce
- Leveraging partnerships/resources
- Improving affordability and accessibility of insurance options

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

Quality Payment Program: Small, Underserved, and Rural Technical Assistance

Technical Assistance for Clinicians

CMS has _free_ resources and organizations to provide help to clinicians who are included in the Quality Payment Program:

PRIMARY CARE & SPECIALIST PHYSICIANS
Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPI.ISCMail@us.ibm.com for extra assistance.

Locate the PTN(s) and SAN(s) in your state

SMALL & SOLO PRACTICES
Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer), particularly those in rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.
  - Assistance will be tailored to the needs of the clinicians.
  - There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
  - For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.

LARGE PRACTICES
Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit- Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

TECHNICAL SUPPORT
All Eligible Clinicians Are Supported By:

Quality Payment Program Website: qpp.cms.gov
Serves as a starting point for information on the Quality Payment Program.

Quality Payment Program Service Center
Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov

Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Patients Over Paperwork
Putting Patients First

Removing Regulatory Obstacles

- **Meaningful Measures**
  - Comprehensive initiative launched in 2017. Balancing the value of quality data with efforts to limit provider burden.

- **CAH 96-Certification Requirement**
  - Directed QIOs, MACs, SMRC, and RAC to make the 96 hour certification requirement a low priority for medical record reviews conducted on or after 10/1/2017

- **Direct Supervision for Outpatient Therapeutic Services**
  - Reinstated the non-enforcement for direct supervisions requirements for outpatient therapeutic services for CAHs and small rural hospitals having 100 or fewer beds for CY 2018 and 2019

Medicare Physician Fee Schedule FY 2019 Final Rule

- **Documentation**
  - Eliminates requirement to document the medical necessity of a home visit in lieu of an office visit.
  - For established visits, providers can choose to focus their documentation on what has changed since the last visit or on pertinent items that have not changed.

- **E/M Visits**
  - For CY 2021, there will be a single rate for E/M office visits levels 2-4, while keeping the payment rate for level 5.
  - Adopted new "extended visit" add-on code for E/M office level 2-4 visits to account for additional resources needed when practitioners spend extra time with a patient.

Telehealth

CY 2019 Medicare Physician Fee Schedule Final Rule

- **Telehealth**
  - Added new codes to the telehealth list for 2019 for prolonged preventive service(s)
  - Added renal dialysis facilities and the homes of ESRD beneficiaries receiving home dialysis as originating sites.
  - Added mobile stroke units as originating sites for diagnosis, evaluation, or treatment of an acute stroke.
- **Communication Technology-Based Services**
  - Added new codes for services provided using communication technology:
    - Brief communication technology-based service (e.g. virtual check-in)
    - Remote evaluation of recorded video and/or images submitted by and established patient (e.g. store and forward).

Telehealth Utilization in Medicare

- 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.

- In 2016, almost 90,000 (0.25%) Medicare FFS beneficiaries utilized 275,199 telehealth services.

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

- Psychotherapy is among the services most commonly furnished through telehealth.

- States with the highest utilization are Texas, Iowa, California, Missouri, Michigan, Minnesota, Wisconsin, Georgia, Virginia, and Kentucky.

Addressing the Opioid Epidemic

Rural Behavioral Health: Opioids

Though opioid abuse and opioid-related death has been on the rise nationally, rural communities face unique challenges

Opioid-related overdose deaths in rural areas increased more than 10% from 2015 to 2016

Rural residents are most likely to be prescribed, and overdose on, prescription painkillers

Rural residents with opioid use disorder tend to be younger, less wealthy and educated, un or uninsured

More than 60% of rural counties lack a single physician that can prescribe buprenorphine, < 10% of opioid treatment programs in rural

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Opioid Roadmap

KEY AREAS OF CMS FOCUS

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

Website: https://www.cms.gov/blog/cms-opioids-roadmap

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Recent Efforts to Address the Opioid Epidemic

- **Integrated Care for Kids (InCK)** model – A model aimed at reducing costs and improving care for children through prevention, early identification, and treatment of priority conditions like substance abuse.

- **Maternal Opioid Misuse (MOM)** model – Five year model aimed at increasing access to treatment for opioid use disorder and to improve outcomes for pregnant and postpartum women and their children.

- **Medicaid demonstration** to expand mental health treatment for adults with SMI and kids with SED, through authority to pay for short-term residential treatment services.

Understanding and Addressing Rural Health Disparities

Offices of Minority Health Within HHS
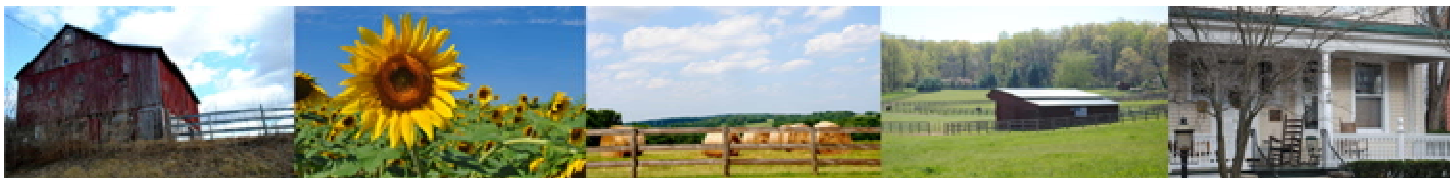
CMS OMH Health Equity Framework

Increasing **understanding and awareness** of disparities

Developing and disseminating **solutions**

Implementing sustainable **actions**

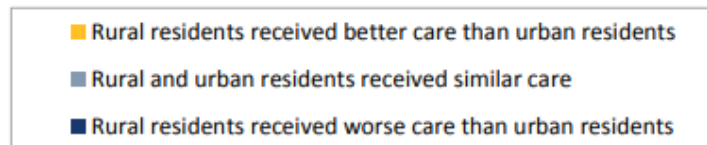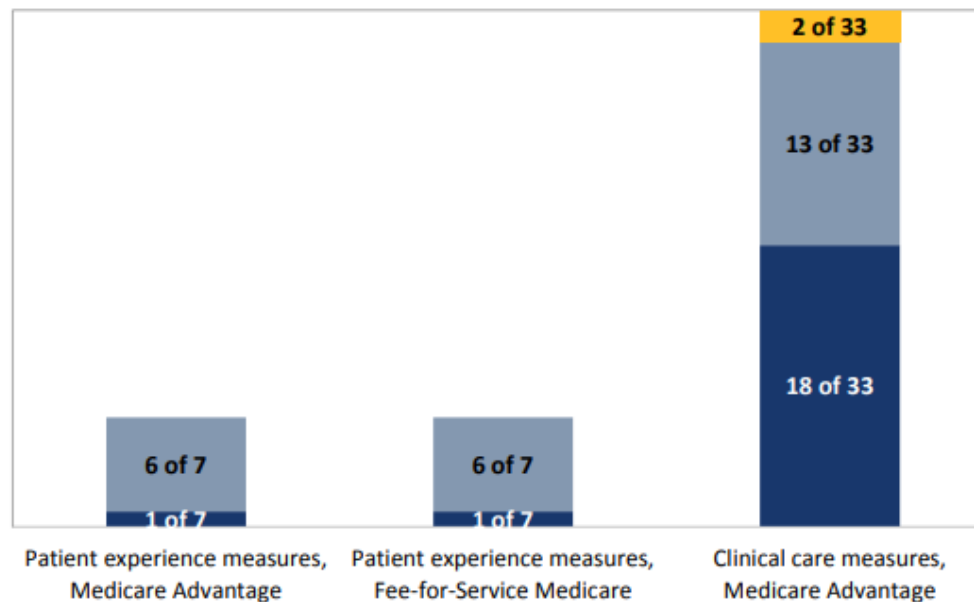# Emerging Rural Disparities - Potentially Excess Death

In 2014, a higher rate of potentially excess deaths occurred among rural Americans than urban Americans from:

- **Heart disease**
  - More than 25,000 excess deaths
  - 42.6% in rural areas; 27.8% in urban areas
  - Approx. *50% higher* in rural areas than urban

- **Cancer**
  - More than 19,000 excess deaths
  - Overall cancer deaths declined 1.5%/year between (2003-2012);
  - declined less in rural vs. urban areas

- **Unintentional injuries**
  - More than 12,000 excess deaths
  - 57.5% in rural areas; 39.2% in urban areas
  - Approx. *50% higher* in rural areas than urban (age-adjusted between 1999-2014)

- **Chronic lower respiratory disease**
  - More than 11,000 excess deaths
  - 54.3% in rural areas; 30.9% in urban areas
  - Approx. *50% higher* in rural areas than urban

Rural-Urban Disparities in Medicare

Number of patient experience measures and clinical care measures for which rural residents received care that was worse than, similar to, or better than the care received by urban residents in 2017

Clinical care measures, Medicare Advantage:
- 2 of 33
- 13 of 33
- 18 of 33

Patient experience measures, Medicare Advantage:
- 6 of 7
- 1 of 7

Patient experience measures, Fee-for-Service Medicare:
- 6 of 7
- 1 of 7

Legend:
- Rural residents received better care than urban residents
- Rural and urban residents received similar care
- Rural residents received worse care than urban residents

Overall Hospital Rating by County, 2016

Hospital and Measure Selection

State/Territory	South Carolina ▼
County	Charleston County ▼
Hospital	BON SECOURS-ST FRANC ▼
Domain	Patient Experience ▼
Subdomain	HCAHPS ▼
Measure	Summary star rating ▼
Geographic Comparison Group	State ▼
Hospital Type Comparison Group	Acute Care Hospitals ▼
Hospital Size Comparison Group	All ▼

Download Hospital Subdomain Data

Download Map | Download Chart

Geographic Selection

Select a state and county to see hospital locations. Then hover over to view hospital name, click to visualize selected subdomain in chart below.

Urban Counties

Summary star rating

1.00 - 3.00   3.00 - 3.00   3.00 - 4.00   4.00 - 4.00   4.00 - 5.00
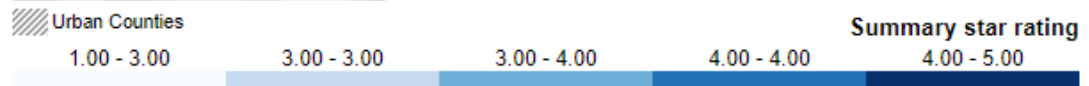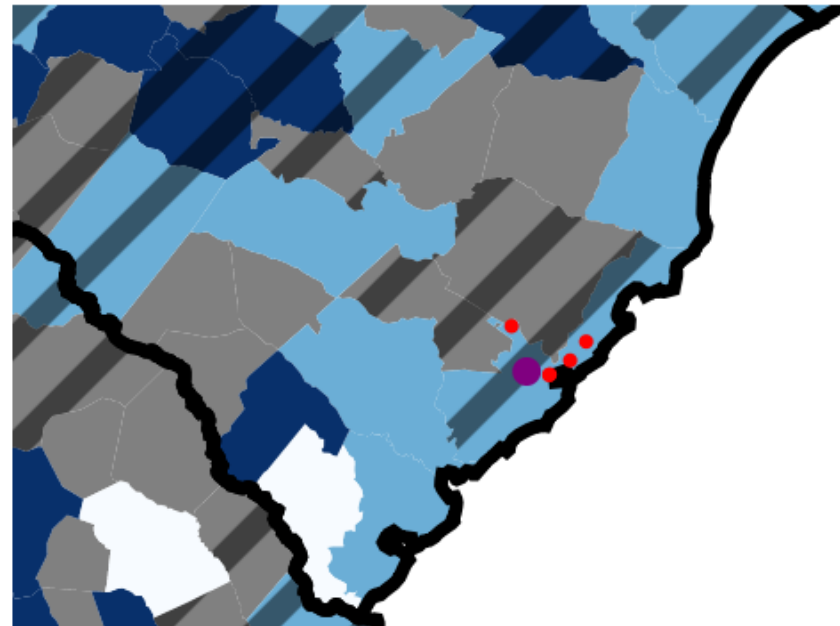
Patient Experience at Bon Secours St. Francis Hospital vs. All South Carolina Hospitals

Hospital Information

Hospital	Bon Secours-st Francis Xavier Hospital
Provider #	420065
Type	Acute Care Hospitals
Hospital Size	204 Beds
Ownership	Voluntary non-profit - Private
Address	2095 Henry Tecklenburg Drive, Charleston
County	Charleston
State	SC
ZIP Code	29414

Patient Experience: HCAHPS

Subdomain/Measure Date Range: 2016-04-01 - 2017-03-31
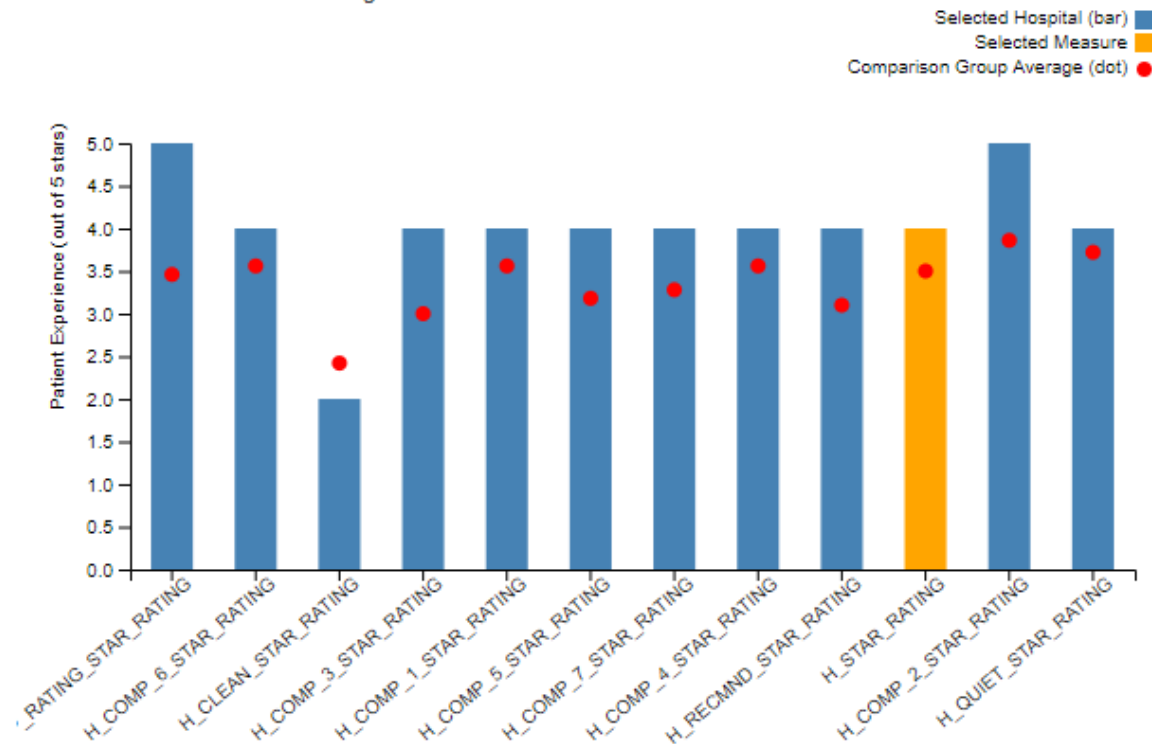
The word 'rural' often evokes…

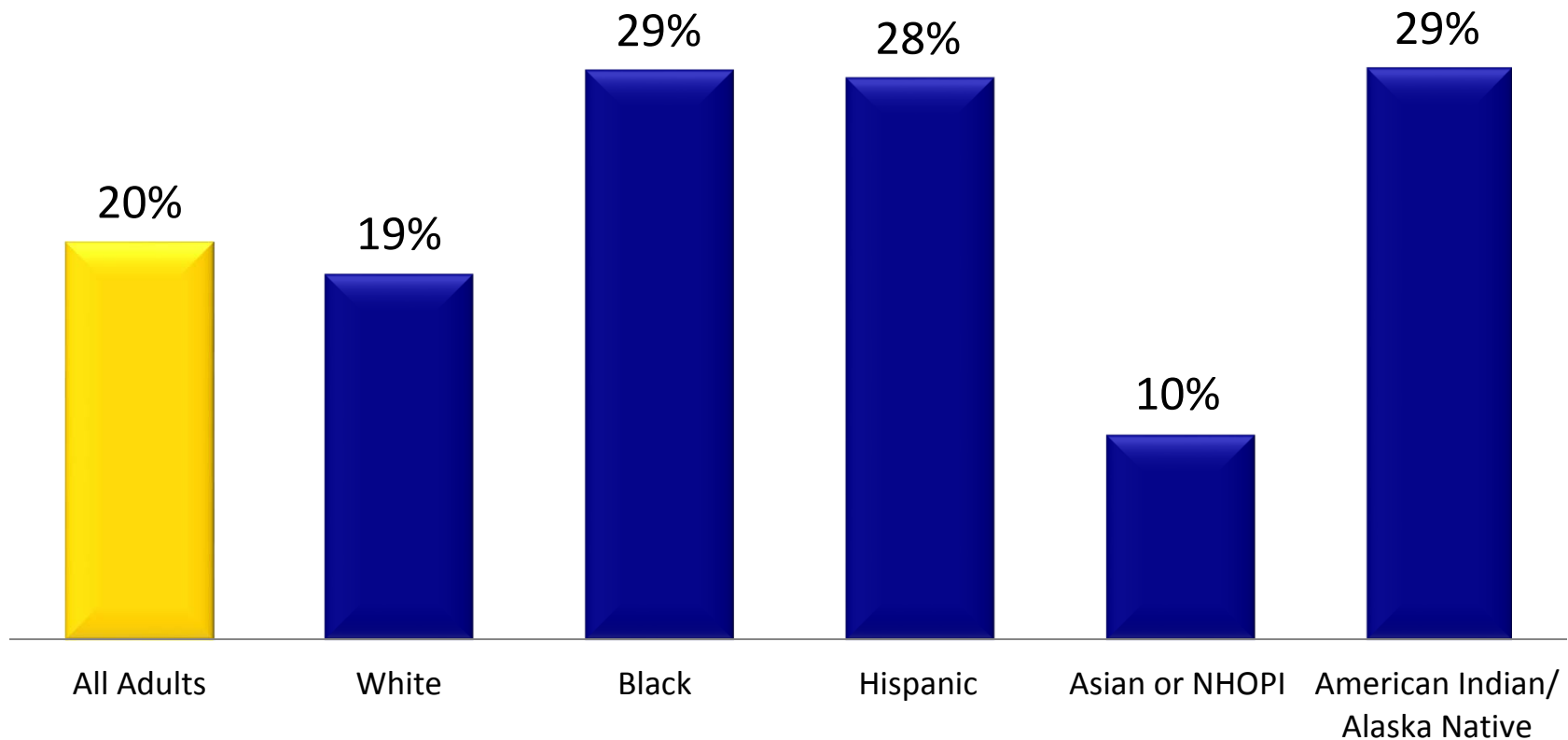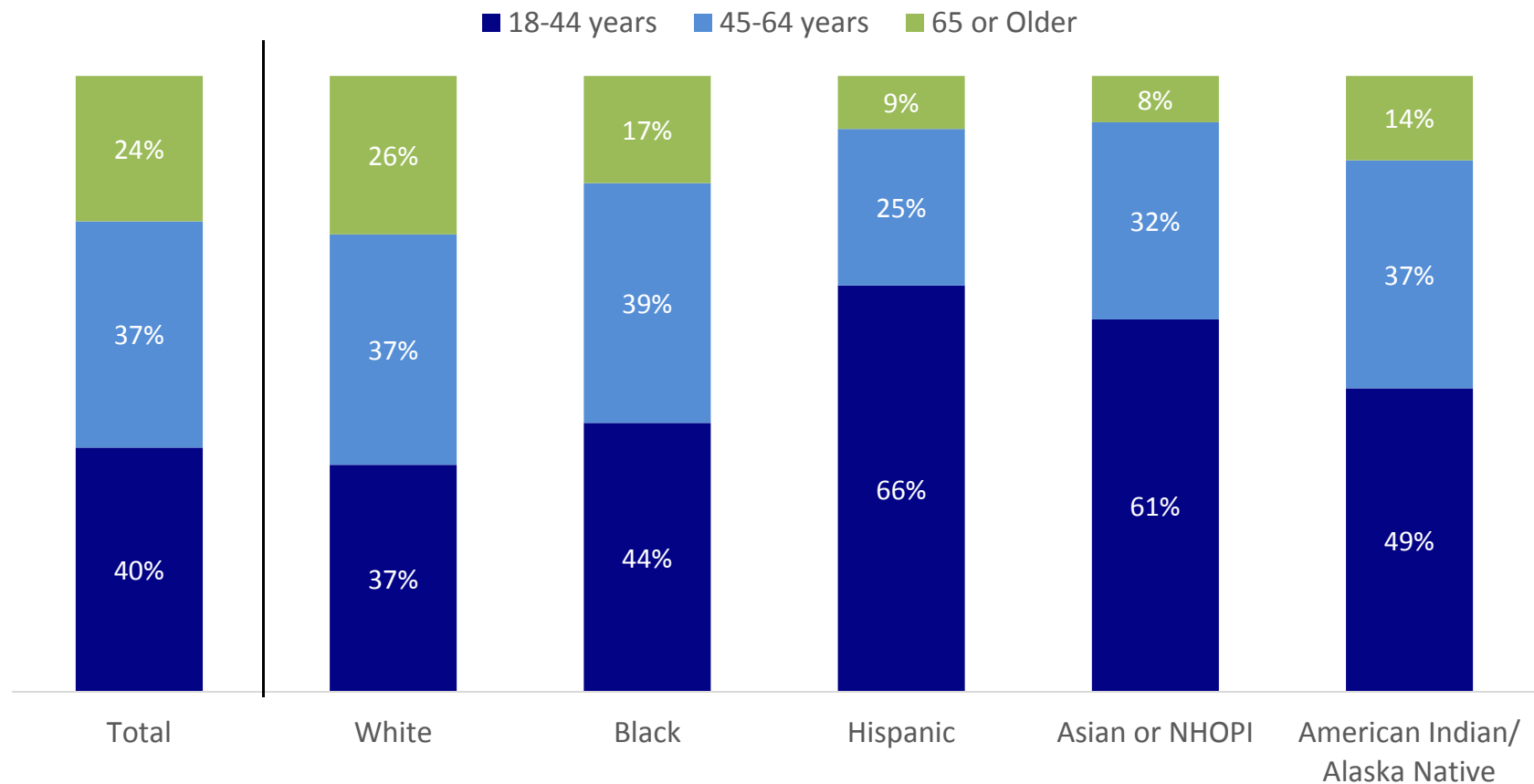# But should also evoke...

Fair or Poor Health Status Among Rural Adults by Race & Ethnicity, 2012-2015

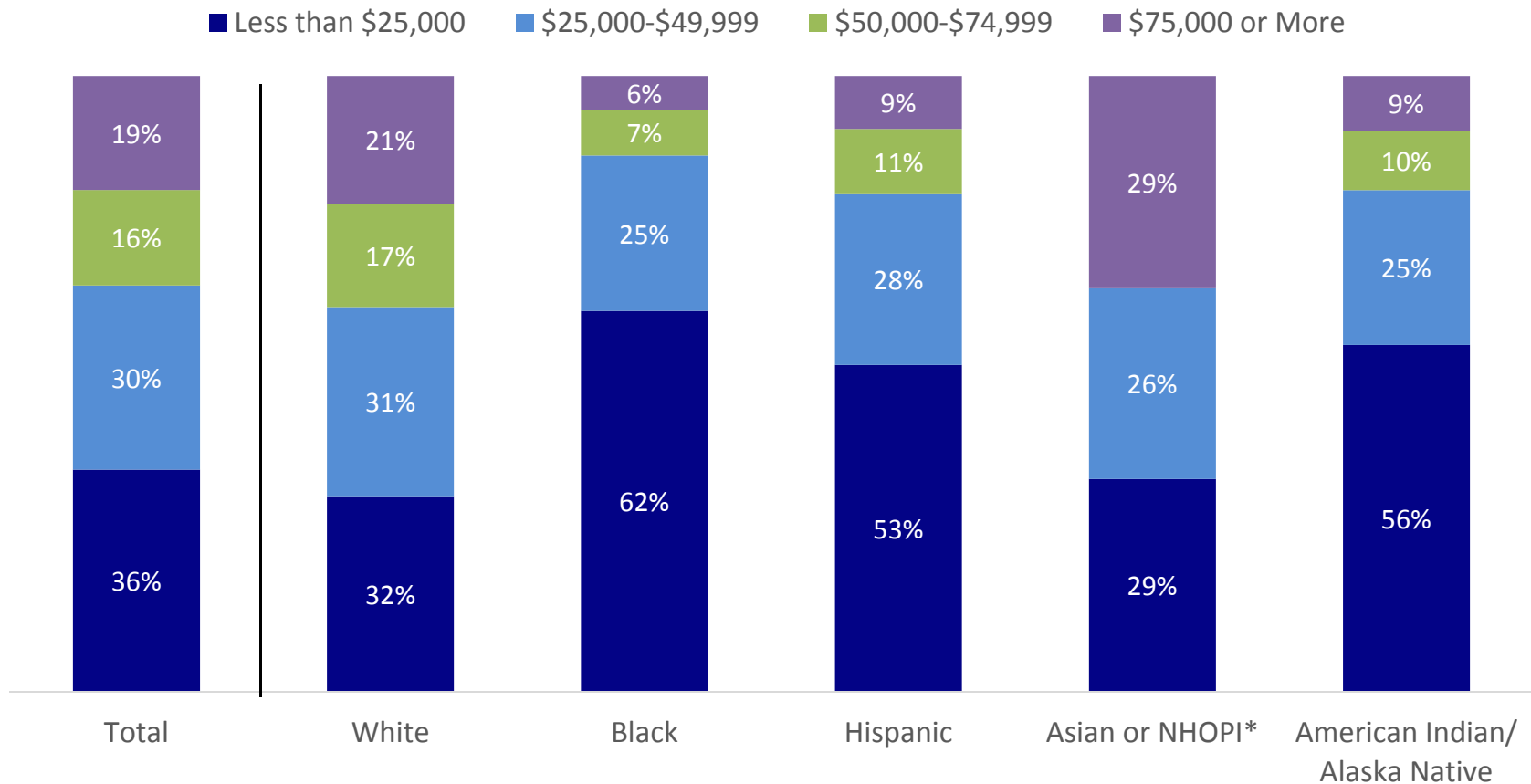Percent Reporting Fair or Poor Health

All Adults	White	Black	Hispanic	Asian or NHOPI	American Indian/ Alaska Native
20%	19%	29%	28%	10%	29%

Age Distribution of Rural Adults by Race and Ethnicity, 2012-2015

Legend: ■ 18-44 years ■ 45-64 years ■ 65 or Older

	Total	White	Black	Hispanic	Asian or NHOPI	American Indian/ Alaska Native
65 or Older	24%	26%	17%	9%	8%	14%
45-64 years	37%	37%	39%	25%	32%	37%
18-44 years	40%	37%	44%	66%	61%	49%

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.
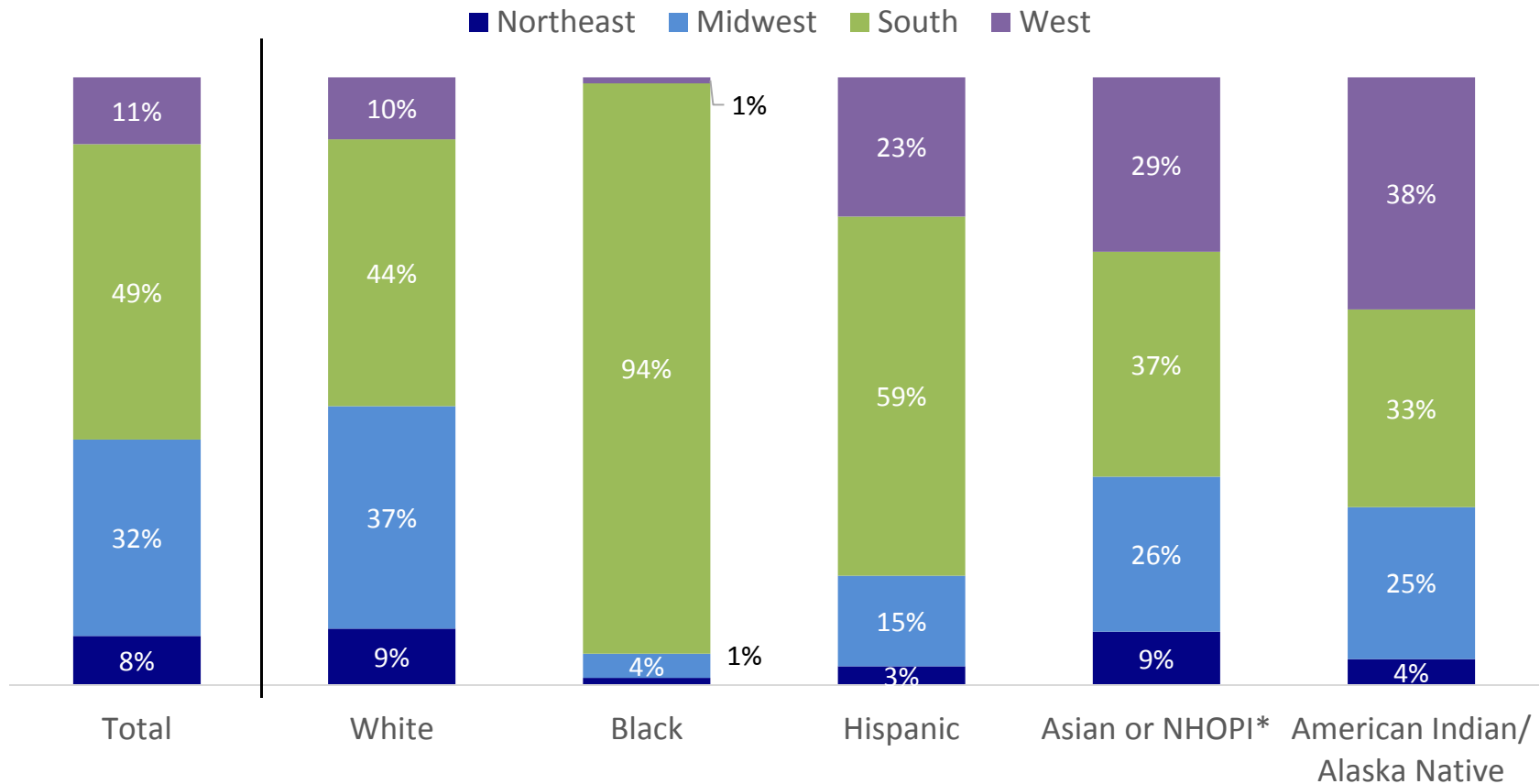
Income Distribution of Rural Adults by Race and Ethnicity, 2012-2015

■ Less than $25,000 ■ $25,000-$49,999 ■ $50,000-$74,999 ■ $75,000 or More

	Total	White	Black	Hispanic	Asian or NHOPI*	American Indian/ Alaska Native
$75,000 or More	19%	21%	6%	9%	29%	9%
$50,000-$74,999	16%	17%	7%	11%	—	10%
$25,000-$49,999	30%	31%	25%	28%	26%	25%
Less than $25,000	36%	32%	62%	53%	29%	56%

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.

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Regional Distribution of Rural Adults by Race and Ethnicity, 2012-2015

■ Northeast ■ Midwest ■ South ■ West

	Total	White	Black	Hispanic	Asian or NHOPI*	American Indian/Alaska Native
West	11%	10%	1%	23%	29%	38%
South	49%	44%	94%	59%	37%	33%
Midwest	32%	37%	4%	15%	26%	25%
Northeast	8%	9%	1%	3%	9%	4%

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Top 10 Languages Spoken by Medicare Beneficiaries with Limited English Proficiency by State

United States (7.7% LEP)	California (22.2% LEP)	Hawaii (18.6% LEP)	New York (16.0% LEP)	Texas (13.0% LEP)	South Carolina (1.14% LEP)
Spanish (52%)	Spanish (48%)	Ilocano	Spanish (43%)	Spanish (84%)	Spanish (36%)
Chinese	Tagalog	Japanese	Chinese	Vietnamese	Russian
Vietnamese	Chinese	Tagalog	Russian	Chinese	German
Tagalog	Vietnamese	Korean	Italian	Korean	Vietnamese
Korean	Korean	Chinese	French Creole	Tagalog	Gujarati
Russian	Cantonese	Trukese	Cantonese	Gujarati	Tagalog
Italian	Persian	Cantonese	Korean	Persian	Cantonese
Cantonese	Armenian	Vietnamese	Greek	Cantonese	Korean
French Creole	Russian	Hawaiian	Polish	Urdu	Polish
Other Languages	Japanese	Samoan	Tagalog	Malayalam	Hindi

SOURCE: Understanding Communication and Language Needs of Medicare Beneficiaries. Centers for Medicare & Medicaid Services, 2017.

Continuing to Listen, Engage, & Partner

Connected Care Resources

- **Information for Health Care Professionals**
  - Access resources and tools explaining the benefits of CCM and how to implement this service

- **Information for Patients**
  - Access easy-to-read information on the benefits of CCM for Medicare beneficiaries living with two or more chronic conditions

- **Campaign Partnership Resources**
  - Access information about partnering to bring awareness to CCM through the *Connected Care* campaign

Connected Care: The Chronic Care Management Resource

Spotlight

Connected Care: A Physician's Testimonial for Chronic Care Management

Watch this short video, in which Karen L. Smith, MD, FAAFP shares her experience offering Chronic Care Management (CCM) services to Medicare patients.

An estimated 117 million adults have one or more chronic health conditions, and one in four adults have two or more chronic health conditions. Through the *Connected Care* campaign, the CMS Office of Minority Health and the Federal Office of Rural Health Policy at the Health Resources & Services Administration will raise awareness of the benefits of CCM for patients with multiple chronic conditions and provide health care professionals with resources to implement CCM.

Visit go.cms.gov/CCM

From Coverage to Care (C2C) Resources

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Coverage
- Managing Your Health Care Costs
- A Roadmap to Behavioral Health
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partner Toolkit
- Community Presentation

Visit http://go.cms.gov/c2c

Engaging Stakeholders

- **Innovation Center Request for Information** - Sought feedback on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes.

- **Listening Sessions**
    - Health plans
    - Tribal Technical Advisory Group

- **Medicare Physician Fee Schedule NPRM** – Sought comment on price transparency and creating a bundled episode of care for management and counseling treatment for substance use disorders.

- **Medicaid Managed Care NPRM** – Comments are due January 14, 2019

Rural Basics: The Federal Investment - Supporting Access via ...

- Enhanced Payments through Medicare and Medicaid
  - Pilots and Demonstrations
- Private Insurance Subsidies (Marketplace)
- Workforce Training
- Clinician Placement (National Health Service Corps,)
- Targeting Resources by Designating Shortage Areas
- Public Health (mostly via block grants)
- Access to Capital
- Investments in Technology
  - Telehealth
  - Broadband
  - Electronic Health Records
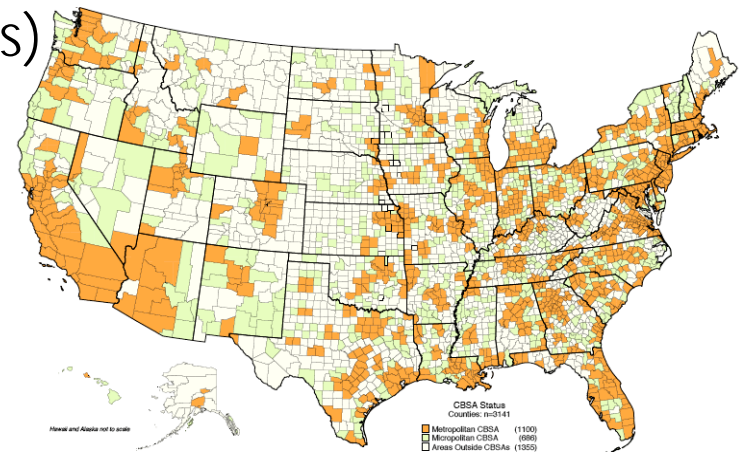
Federal Office of Rural Health Policy (FORHP)

- Charged with advising the Secretary of HHS on the effect that federal health care policies and regulations may have on rural communities.
- Key areas of work:
  - Funding Opportunities
  - Rural Health Policy
  - Rural Health Programs
  - Rural Community Programs
  - Telehealth
  - Rural Health Research
  - National Advisory Committee on Rural Health & Human Services
- Rural Health Research Gateway - www.ruralhealthresearch.org
- Rural Health Information Hub - www.ruralhealthinfo.org

Current Federal Office of Rural Health Policy Funding Opportunities

- **Rural Health Innovation and Transformation Technical Assistance** - 02/22/2019

- **Rural Veterans Health Access Program** - 02/12/2019

- **Rural Communities Opioid Response Program – Planning** - 01/15/2019

- **Small Rural Hospital Improvement Program (SHIP)** - 01/03/2019

- **Rural Health Network Development Planning Program** - 11/30/2018

Learn more at:
https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/

For More Information:

go.cms.gov/ruralhealth