

## Chronic Care Management for RHCs Begins

### Technical Assistance Call with CMS on January 19

As many of you know, the Chronic Care Management (CCM) benefit was expanded to Rural Health Clinics on January 1, 2016 and aims to give providers a tool to better manage Medicare patients with two or more chronic conditions. The benefit requires, after an initial set-up, that auxiliary staff perform 20 minutes a month of “chronic care management services” such as a call or email to the patient to check on their status. The Rural Health Clinic may then bill Medicare for these services under **CPT code 99490 and receive \$42.91 a month**.

The hope is that by paying for the delivery of chronic care management services, health professionals will be able to more efficiently care for patients with costly chronic conditions. In an ideal world, CCM will translate into greater patient satisfaction and improved outcomes, more revenue for RHCs and other primary care providers, and savings to the Medicare program: a seemingly win-win-win scenario. However, it is too early to tell if the promise of CCM will match the reality of CCM.

For any RHC considering this new opportunity, it is advisable to carefully review all the CCM guidelines. There are a number of companies that may approach you and offer products to help set up CCM in your RHC. While many of these products may be worth consideration, the NARHC has not, at this time, endorsed any CCM vendor’s product. One particular aspect of the RHC rollout of CCM has caused a lot of confusion, and should be considered before purchasing any “turnkey” product from a vendor.

Rural Health Clinics must provide all CCM services under the **direct supervision** of the attending practitioner (physician, PA, NP). This is notable, because non-RHC/FQHC physician offices are allowed to provide CCM services under the **general supervision** of the attending practitioner. As most of you know, direct supervision requires the attending practitioner to be on-site, while general supervision may be done remotely. This difference makes many of the “turnkey” models developed by CCM vendors inappropriate for Rural Health Clinics. While NARHC is proactively trying to educate vendors about this key difference, some vendors, and their sales employees, may not be aware of this unique RHC supervision requirement. As a result, we would advise all RHCs, to make sure that any CCM product, service, or contract is compliant with the direct supervision rules.

Many of you may be asking why RHCs are subject to more stringent rules than non-RHC/FQHC physician offices. How can CMS justify this? Unfortunately, the answer CMS gave in their final rule is woefully unsatisfactory. They wrote “due to their different model of care and payment structure, requiring direct supervision for...is appropriate for RHCs at this time.” However, the good news is that CMS said they would consider changing the requirement in future rulemaking should RHCs find that direct supervision presents a barrier to furnishing CCM services. NARHC submitted comments asking CMS to change the requirement so that RHCs are treated no differently than other practices. Nevertheless, the direct supervision requirement for RHCs remains.

Chronic Care Management represents an exciting opportunity for primary care and RHCs. However, we know that many of you have questions about CCM, and not just about direct supervision vs. general supervision. NARHC will continue to work with CMS to ensure that the delivery of CCM is a viable option for RHCs and get information out to the RHC community on the rules and regulations surrounding the delivery of CCM services.

To participate in the TA call: there may be limited webinar capacity for this presentation. However, if you are unable to make the webinar link, you can still listen in on the call. A copy of the slides will be made available ahead of time for download.

#### Chronic Care Management (CCM) Benefits

**Tuesday, Jan. 19, 2:00-3:00 PM** (Eastern Time)

Phone 1-800-779-1416 FREE, Participant pass code: 4343459

<https://hrsa.connectsolutions.com/rhc-ta/>

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