

NARHC Influence on Medicare Physician Fee Schedule 2016

CMS Considers NARHC Comments for 2016 Proposed Rule

In the 2014 Medicare Physician Fee Schedule (MPFS), the Centers for Medicare and Medicaid Services (CMS) introduced a new payment to cover non-face-to-face Chronic Care Management (CCM) services. Prior to the publication of the Medicare physician fee schedule, CMS contacted NARHC to inform us that CCM benefits would not be extended to Rural Health Clinics (RHCs) until 2016 due to the incompatibility between the CCM payment structure and the RHC reimbursement structure. CMS expressed interest in collaborating with NARHC to find a way to extend the CCM services to RHCs.

During the 2014 comment period, NARHC submitted multiple payment options to CMS that we believed best captured the interest of RHCs. Upon evaluating our comments, CMS again reached out to us with their ideas on how to extend CCM benefits to RHCs. After consulting with over a dozen stakeholders on the billing and operational side of the RHCs, NARHC provided CMS a final rank-ordered list of payment options that were the most attractive.

On July 8th, CMS published its proposed revisions to the 2016 MPFS. In it, CMS incorporated our suggestions and proposed to extend the Chronic Care Management (CCM) benefit to RHCs and provide an additional payment for the costs of CCM services that are not already captured in the RHC reimbursement rate. Beginning on January 1, 2016, RHCs that furnish CCM services to patients with multiple chronic conditions may bill for these services. The proposed rate for the CCM services will be based off the national average non-facility payment rate for CPT code 99490, which was \$42.91 per beneficiary per month in the first quarter of 2015. On August 6th, NARHC is hosting a webinar, *Proposed Changes to RHC Regulations and Policy*, to delve into CCM services for RHCs. The link to the audio recording and transcript can be found [here](#). The proposed rule for 2016 can be accessed [here](#).

In the proposed rule, CMS directly credited NARHC with submitting the comments and acknowledged that our comments aided the basis for their 2016 proposed rule. Their acknowledgement is tangible evidence of what NARHC can achieve for the benefit of RHCs. As a long-established and well-respected spokesman for over 3,000 RHCs throughout the country, we hope to continue submitting comments for consideration and to work alongside CMS and other federal agencies involved with rural health to better serve rural health clinics.

Lasanthi Fernando
Capitol Associates Inc.
www.capitolassociates.com