



COVERAGE TO CARE RURAL WEBINAR

August 8, 2024



Accessibility

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ASL Interpretation

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CMS OMH OVERVIEW



CMS Office of Minority Health

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the U.S., ensuring more than 160 million individuals through Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations.

Our Mission : To lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

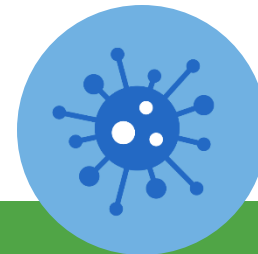
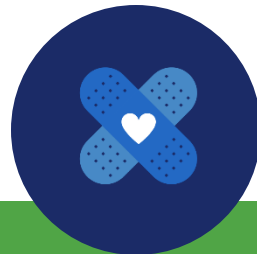
Our Vision: All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care access and quality.



Coverage to Care



Rural Webinar



Framework for Advancing Health Care in Rural, Tribal and Geographically Isolated Communities



Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies



Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities



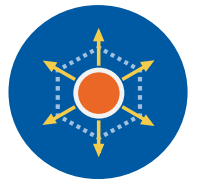
Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities



Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities



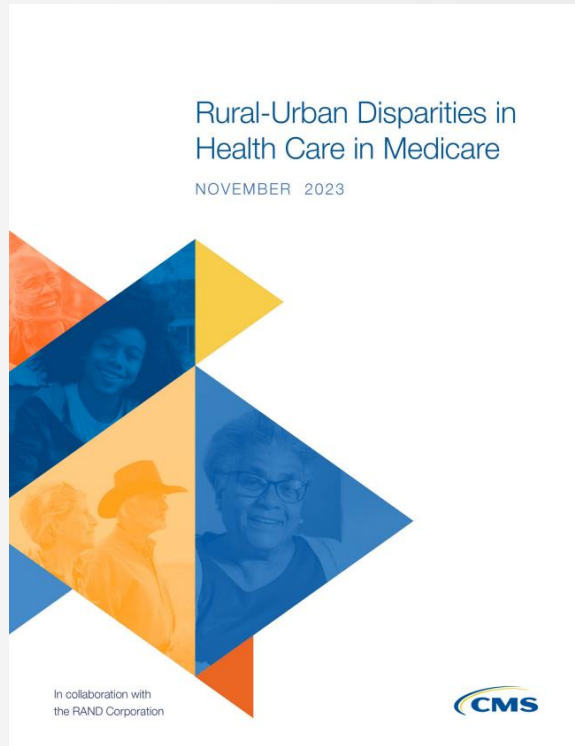
Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities



Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities



Rural Health Resources



Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

The [CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities](#) outlines six priority areas show how CMS will continue to work to promote policies and programs that help make high-quality health care in these communities available and affordable.

CMS OMH [Rural Health Resources](#) help improve health care access for rural, Tribal, and geographically isolated communities. [Coverage to Care \(C2C\)](#) is an initiative designed to assist individuals understand and utilize their health coverage effectively. Learn more about:

- [Rural Health Clinics](#)
- [The Rural Health Information Hub](#)
- [The Mapping Medicare Disparities \(MMD\) Tool](#)
- [Medicare Geographic Variation Comparisons dashboard](#) and
- [The CMS Division of Tribal Affairs](#)

[Reports and Publications](#) provide the latest data and reports related to diverse geographies. Check out the reports:

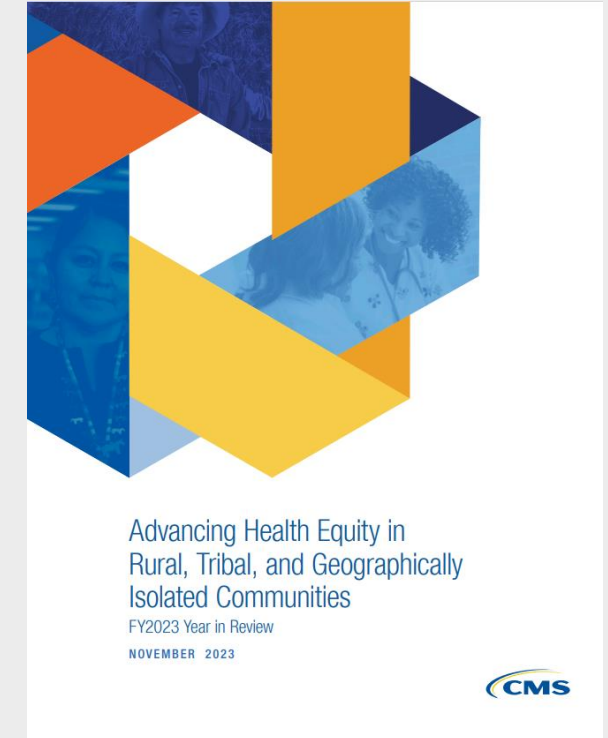
- [The Rural-Urban Disparities in Health Care in Medicare](#)
- [The Advancing Health Equity in Rural, Tribal, and Geographically Isolated Communities, FY 2023 Year in Review](#); and
- [The Coverage Rural Disparities During the Public Health Emergency](#)

CMS offers several ways to receive the latest information on activities that affect people enrolled in Medicare and health care professionals in rural areas. Subscribe to the [CMS Rural Health](#) library to keep up with the latest news on rural health programs and policies. View the [Health Care Resources Center](#) and the [Health Equity Technical Assistance](#) page to take action against health disparities.

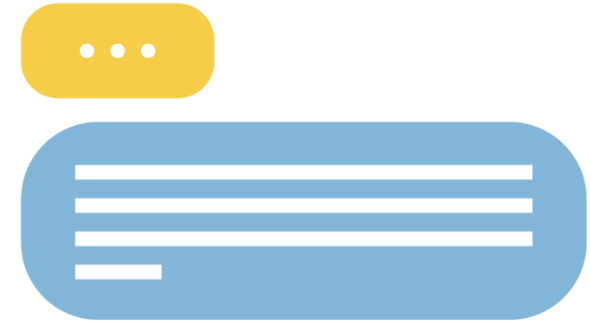
CMS OMH also supports funding for research targeting health disparities, including programs like the [Minority Research Grant Program](#) and the [Health Equity Data Access Program](#).

The CMS Office of Minority Health offers health equity technical assistance resources to help health care organizations address health disparities. If you are looking for assistance visit go.cms.gov/healthequity or email RuralHealth@cms.hhs.gov.

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go.cms.gov/ruralhealth

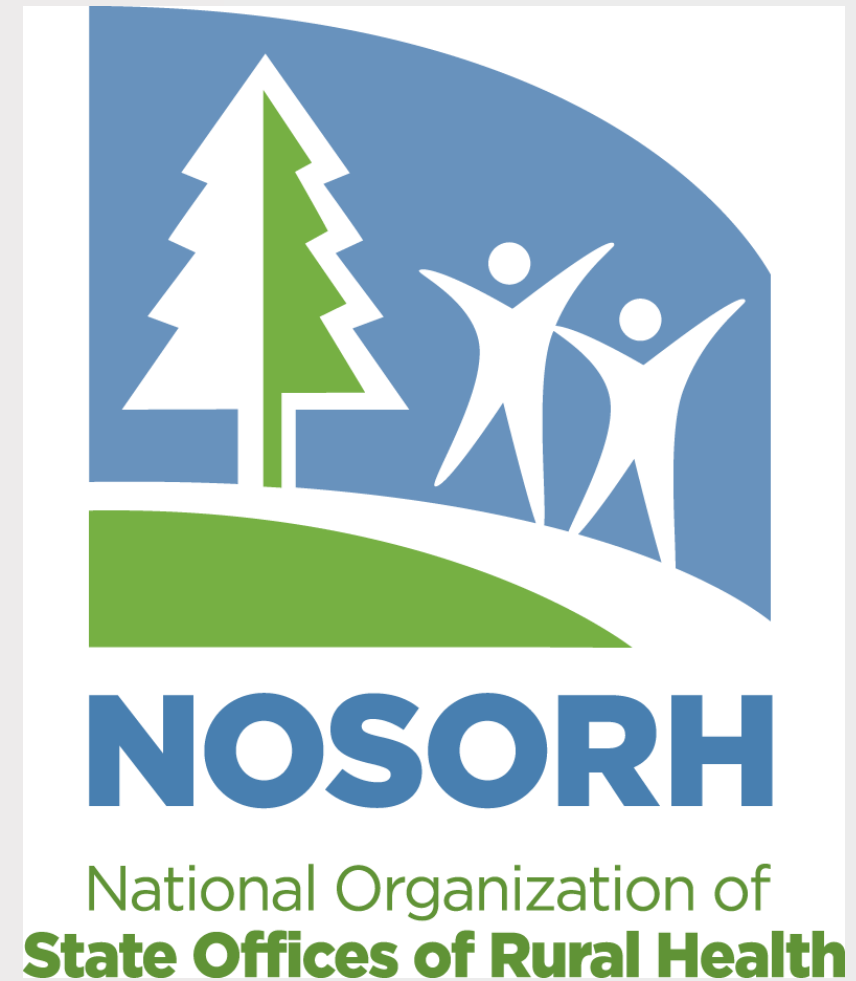


NOSORH Presentation



NOSORH grows connections, tools, and education to support and build vital healthy rural communities.

NOSORH was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, health care for nearly 61 million rural Americans. NOSORH enhances the capacity of SORH to do this 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.



National Rural Health Day

Celebrating the **Power of Rural!**®



THURSDAY, NOVEMBER 21, 2024



Since 2011, NOSORH has celebrated the "Power of Rural" on National Rural Health Day, the third Thursday of November. This day honors the dedication of rural healthcare providers, communities, State Offices of Rural Health, and stakeholders in addressing rural America's healthcare needs.

Learn more at powerofrural.org

Coverage to Care (C2C) Overview

What is C2C?

C2C aims to help individuals understand their health coverage and connect to primary care and the preventive services that are right for them, so they can live a long and healthy life.



Roadmap to Better Care

The Roadmap explains:

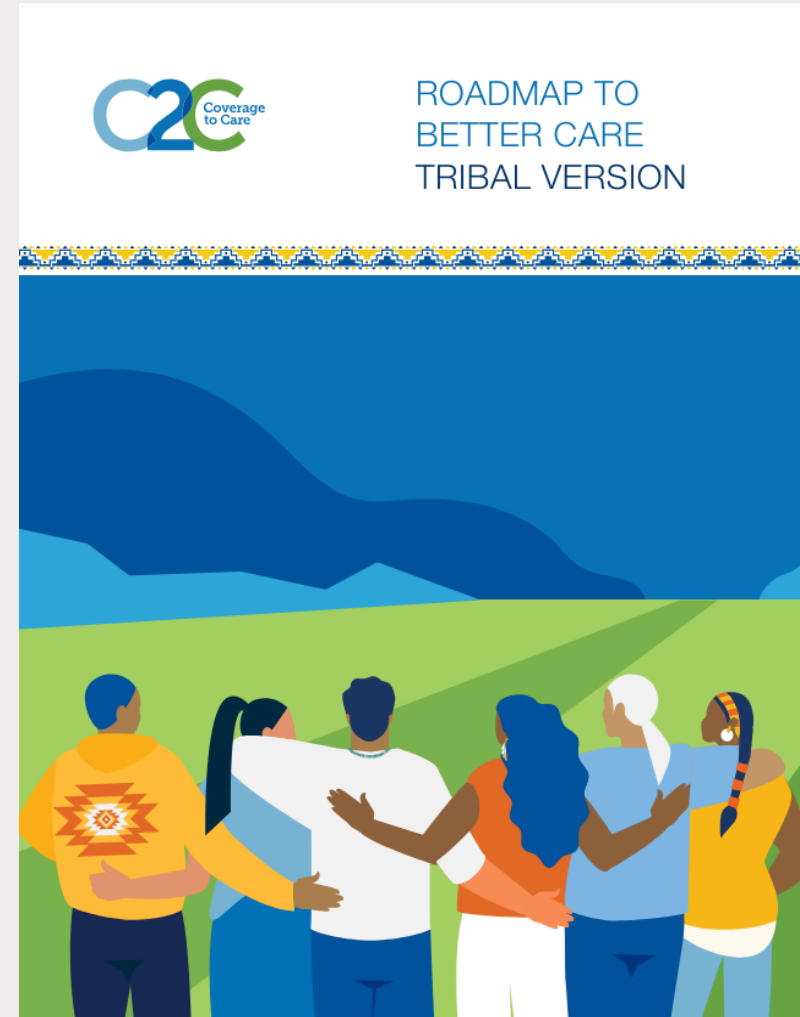
- What health coverage is
- How to use coverage to receive primary care and preventive services
- Available in 10 languages and Braille



Roadmap to Better Care (Tribal Version)

Additions include:

- Updated glossary
- Additional links and contact information for relevant agencies
- Updated imagery throughout

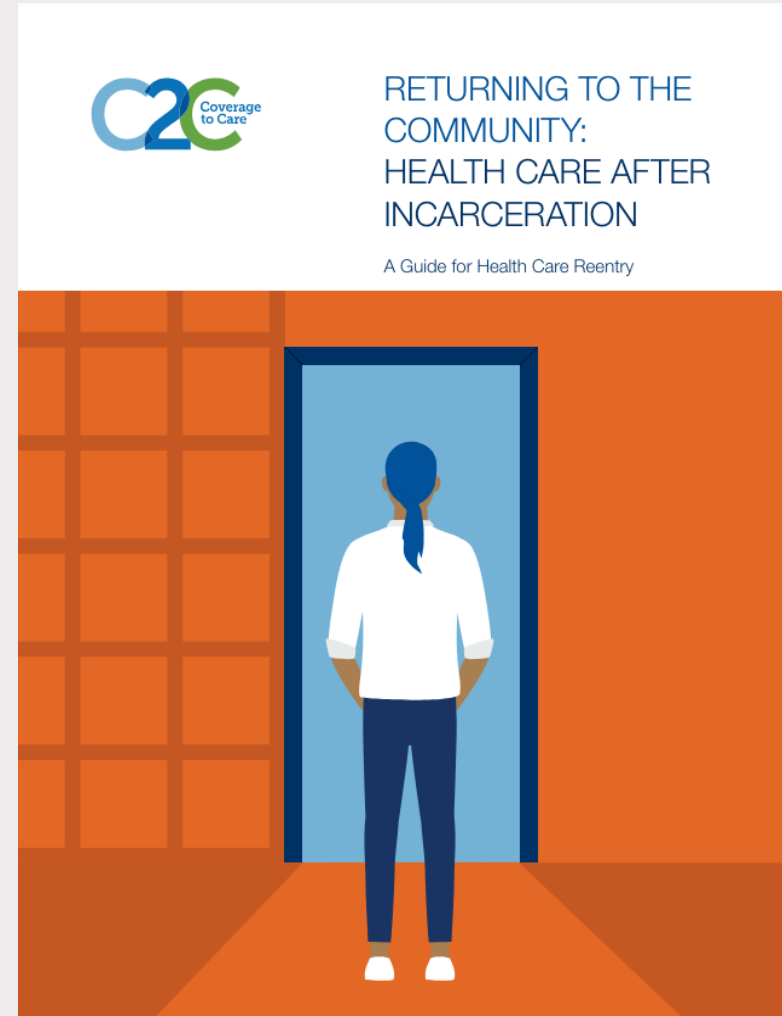


Returning to the Community: Health Care After Incarceration

The resource explains:

- Key information, terms, people, and titles to help connect to health care services pre- and post- release
- Information about insurance coverage types
- How to apply for and utilize health coverage

Available in English and Spanish

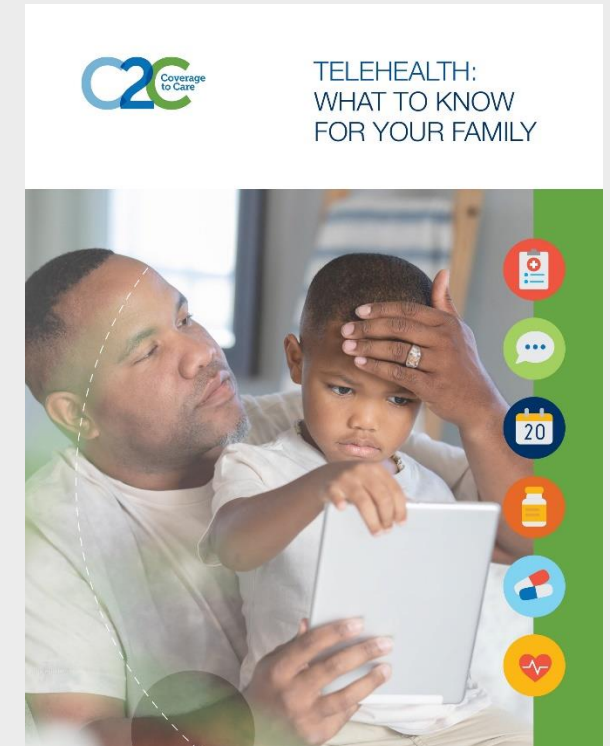
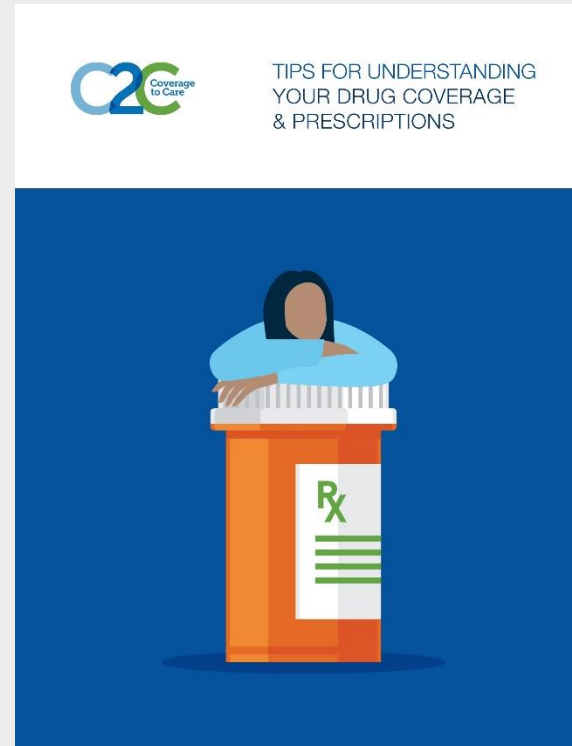


Prescription & Telehealth Resources

Resources discuss support for:

- Prescription drug coverage, including drug lists, formularies and costs
- Types of services provided by telehealth

Available in 8 languages



Chronic Care Management (CCM) Resources



WHAT IS CHRONIC CARE MANAGEMENT?



If you have Medicare or are dually eligible (Medicare and Medicaid) and live with two or more chronic conditions that worsen your quality of life and put your health at risk, chronic care management (CCM) services can help connect the dots so you can spend more time doing what you love. Examples of these chronic conditions include—but are not limited to—arthritis, cancer, depression, diabetes, and high blood pressure. Services may include:

-  **At least 20 minutes a month** of care coordination from a health care professional outside of in-person office visits, such as phone check-ins and access to a secure electronic patient portal
-  **Personalized assistance** from a dedicated health care professional who will work with you to create your care plan
-  **Coordination of care** between your pharmacy, specialists, testing centers, hospitals, and more
-  **24/7 emergency access** to a qualified health care professional and expert assistance with setting and meeting your health goals

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CHRONIC CARE MANAGEMENT PROVIDER(S) CHECKLIST



-  **Identify patient eligibility for CCM services.**
 - Eligible CCM patients will have **multiple (2 or more) chronic conditions expected to last at least 12 months** or until the patient's death.
 - Identify patients who require CCM services by **using criteria suggested in CPT guidance** (like number of illnesses, number of medications, repeat admissions, or emergency department visits) or the **typical patient profile in the CPT preface language.**
-  **Initiate a face-to-face Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), or Initial Preventive Physical Exam (IPPE) as an initiating visit** for new patients or patients who the billing practitioner hasn't seen within 1 year before CCM services start.
 - Assess the patient's medical, functional, and psychosocial needs.
 - Make sure the patient receives timely recommended preventive services.
 - Oversee the patient's medication self-management.
-  **Provide informed consent and inform patient(s) that:**
 - CCM services are available.
 - They may have cost sharing responsibilities.
 - Only one practitioner can furnish and bill CCM services during a calendar month.
 - They can stop the CCM services at any time (effective the end of calendar month).

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CHRONIC CARE MANAGEMENT AT-A-GLANCE



Chronic care management (CCM) is the care coordination that is outside of the regular office visit for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline. According to estimates from the Centers for Medicare & Medicaid Services, one in four adults, including 70% of Medicare beneficiaries, have two or more chronic health conditions, qualifying them for CCM.¹

CCM services may be billed by:

- Physicians and certain Non-Physician Practitioners (Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Physician Assistants)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Hospitals, including Critical Access Hospitals



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HOW TO USE C2C RESOURCES & PARTNER WITH C2C



Using C2C Resources

- **Start the Conversation.** Use the *Roadmap to Better Care* as a tool to help people understand their new coverage and understand the importance of getting the right preventive services.
- **Help Consumers Understand.** The *Roadmap to Better Care* has a lot of information for consumers. You can help them use it as a resource to refer to as they journey to better health and well-being.
- **Personalize It.** You know your community. Consider adding local resources and information.



Partner with C2C

There are multiple ways to partner with C2C:

- Review the [C2C Partner Toolkit](#) and share C2C information, tools, and more.
- [Subscribe](#) to our Coverage to Care listserv
- [Order printed resources](#) at no cost that you can share with your community
- Email CoveragetoCare@cms.hhs.gov with questions or to learn more about planning a Community Connections Tour event.



C2C Community Connections Tour Rural Stops



Coverage to Care Community Connections Tour with Rural and Geographically Isolated Areas





Taos Pueblo Health & Community Services



Taos Pueblo Health & Community Services (HCS)

Health & Community Service objectives are to provide comprehensive, quality health and human services to the Taos Pueblo Tribal Community in a culturally competent way.

- HCS oversees 12 health related tribal programs.



Health Issues Facing Taos Pueblo Tribal Members

- Malnutrition
- Diabetes
- Heart Disease
- Obesity
- Cancer
- Alcohol and Substance Use Disorder



C2C Collaboration & Takeaways

C2C Events:

- People of Substance Recovery Summit
- For the Health of It Walk
- Taos Pueblo CMS Health Summit

Key Takeaways:

- C2C resources are useful to navigate the complex health care system
- Helps community members become their own advocates for their health.

Areas for Improvement:

- Additional hands-on sessions for understanding and using the resources on an individual basis.





Q&A Session

At the bottom of your screen is the Q&A button. Clicking it will make the Q&A box appear. Please type out your questions, which will only be visible to the host and panelists. We will answer select questions verbally during this portion of the webinar.





Visit our website:

go.cms.gov/c2c

Contact us:

CoverageToCare@cms.hhs.gov

OMH@cms.hhs.gov

C2C Listserv:

<http://bit.ly/CMSOMH>

Paid for by U.S. Department of Health and Human Services.





THANK YOU!

