

FQHC/RHC IN MEDICARE & COVID-19

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**

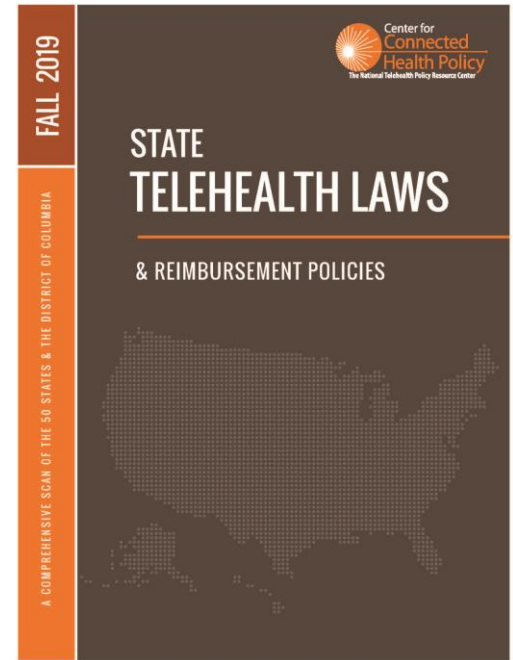
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners



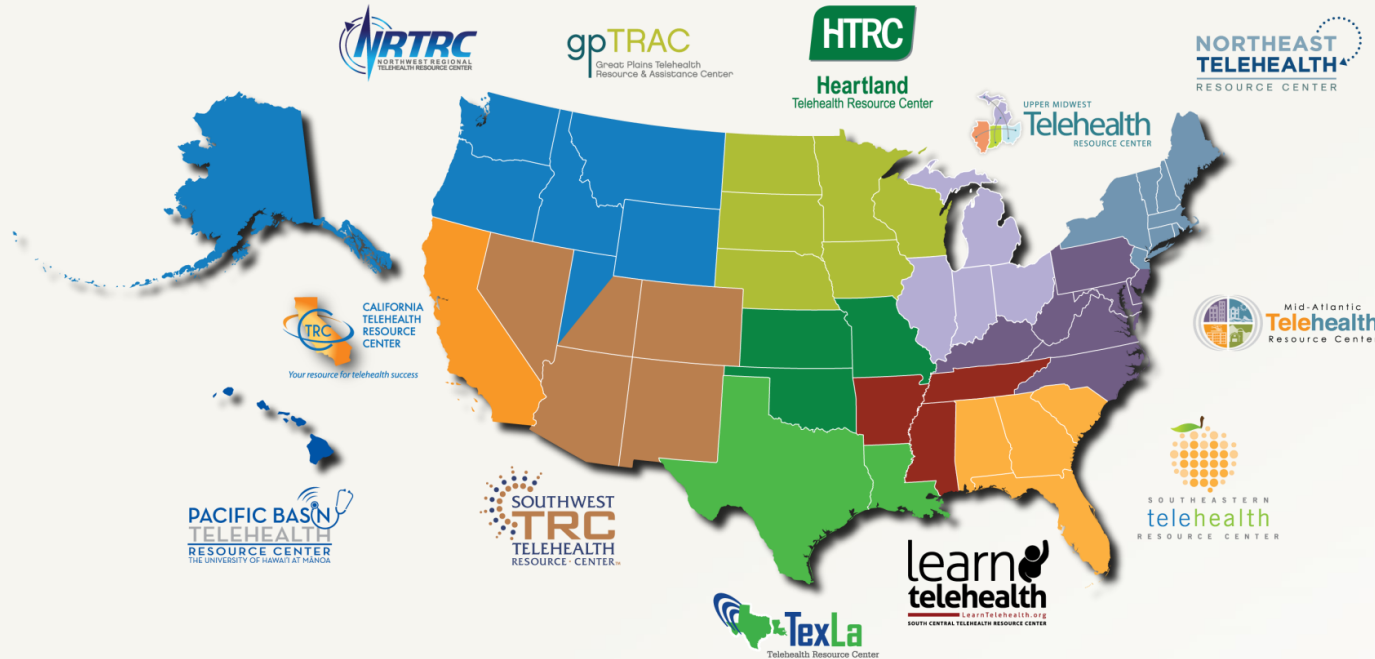
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING' tabs. The main header includes the Center for Connected Health Policy logo and navigation links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. Below the header, a text block explains the site's purpose: 'CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options allow you to view current state laws and regulations for all fifty states and the District of Columbia. To view the full report, visit the 50 State Report PDF.' The main content area features a map of the United States with an orange callout bubble labeled 'Interactive Policy Map'. To the left of the map is a filter panel titled 'Current State Laws & Reimbursement Policies' with dropdown menus for 'Search by Filter' (set to 'All 50 States & D.C.'), 'Search by Keyword' (set to 'All Categories'), and 'All Topics' (set to 'All Topics'). An 'APPLY' button is at the bottom of the filter panel. A legend at the bottom of the map indicates that orange states have a policy that exists or is explicitly allowed, while grey states do not. A 'CITE CCHP' button is located to the right of the map.

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement


- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

CARES ACT

Pre-COVID-19, FQHCs & RHCs were not allowed to act as distant site providers in the Medicare program. The CARES Act changed that and during a public health emergency, they can provide services as a distant site provider using telehealth.



New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016 Related Change Request (CR) Number: N/A
Article Release Date: April 17, 2020 Effective Date: N/A
Related CR Transmittal Number: N/A Implementation Date: N/A

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

BACKGROUND

New Payment for Telehealth Services

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and

MEDICARE GUIDANCE TO FQHCs/RHCS

THE QUESTION	CMS INSTRUCTION
What modality may be used?	For telehealth, FQHCs and RHCs may furnish services through an interactive audio and video telecommunications system. It must be in real-time. For store-and-forward and telephone, this is not regarded as telehealth. See “Virtual Communications Services” below.
What provider in my FQHC/RHC can provide services?	Any health care practitioner working at an FQHC/RHC as long as its within his/her scope of practice.
Can my practitioners furnish services when they are at home?	Yes, the health care practitioner does not need to be located at the FQHC/RHC during the telehealth interaction.
What services can be provided?	Only the services that are approved for coverage when delivered via telehealth. The list of services can be found HERE.

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THE QUESTION	CMS INSTRUCTION
Will an FQHC get their PPS rate/RHC their AIR rate?	No. The CARES Act required a methodology based upon the fee-for-service rates be used to calculate an amount to be paid for telehealth services provided by FQHC/RHCs. This amount is \$92.
If the FQHC and RHC don't get their PPS/AIR rate, does the Medicare Advantage (MA) wrap-around payment apply to these services?	No. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans.
Co-pays?	For services related to COVID-19 testing including those done through telehealth, RHCs/FQHCs must waive the collection of co-insurance from beneficiaries. Use the "CS" modifier on the service line.

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THE QUESTION	CMS INSTRUCTION
Will the costs for providing telehealth be used to determine the PPS/AIR?	No, but the cost still must be reported on the appropriate cost form. For RHCs - Form CMS-222-17 on line 79 of Worksheet A in the “Cost Other Than RHC Services.” FQHCs use CMS-224-14, on line 66 of Worksheet A, “Other FQHC Services.”
Do I need to get informed consent?	Not for telehealth, but you do for Care Management and Virtual Communication Services. The consent can be obtained at the same time the services are being furnished and can be obtained by someone working under the general supervision of the RHC/FQHC practitioner and direct supervision of obtaining the consent is not required.

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BILLING

- **For services provided January 27, 2020 to June 30, 2020 - FQHCs and RHCs will use the modifier “95” on the claim. The PPS/AIR rate will be paid, but these claims will automatically be reprocessed in July with the new payment rate. The FQHC/RHC will not need to resubmit these claims. This is being done as the processing system is not anticipated to be in place until then.**
- **For services provided between July 1, 2020 and the end of the PHE, FQHC/RHC will use a specific G code, G2025, to identify services provided via telehealth. If the PHE extends beyond December 31, 2020, the rate will be based upon the 2021 Physician Fee Schedule average payment rate.**

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VIRTUAL COMMUNICATION SERVICES

- **Virtual Communication Services are NOT considered telehealth services by Medicare. These services use telehealth technologies like live video as well as the telephone.**
- **May provide virtual check-in services which can be done via live video, phone or asynchronously and uses G2010 or G2012.**
- **May use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal. CPT Codes 99421-99423**
- **TO BILL FOR THE ABOVE SERVICES, FQHCs/RHCs use code G0071 and it can be either alone or with other payable services. For G0071 claims submitted on or after March 1, 2020 to end of the PHE, the rate paid is \$24.76.**

STATES

**STATE MEDICAID PROGRAMS MAY HAVE DIFFERENT
POLICIES FOR FQHCS AND RHCS!**

CCHP

- **CCHP Website - [cchpca.org](https://www.cchpca.org)**
 - **Telehealth Federal Policies -**
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - **State Emergency Waivers/Guidances -**
<https://www.cchpca.org/resources/covid-19-related-state-actions>
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