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.

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- 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
TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

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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.
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<th>THE QUESTION</th>
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<td>What modality may be used?</td>
<td>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.</td>
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<tr>
<td>What provider in my FQHC/RHC can provide services?</td>
<td>Any health care practitioner working at an FQHC/RHC as long as its within his/her scope of practice.</td>
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<td>Can my practitioners furnish services when they are at home?</td>
<td>Yes, the health care practitioner does not need to be located at the FQHC/RHC during the telehealth interaction. Only the services that are approved for coverage when delivered via telehealth. The list of services can be found HERE.</td>
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## MEDICARE GUIDANCE TO FQHCS/RHCS

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<td>Will an FQHC get their PPS rate/RHC their AIR rate?</td>
<td>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.</td>
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<td>If the FQHC and RHC don't get their PPS/AIR rate, does the Medicare Advantage (MA) wrap-around payment apply to these services?</td>
<td>No. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans.</td>
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<td>Co-pays?</td>
<td>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.</td>
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<td>Will the costs for providing telehealth be used to determine the PPS/AIR?</td>
<td>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.”</td>
</tr>
<tr>
<td>Do I need to get informed consent?</td>
<td>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.</td>
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MEDICARE GUIDANCE TO FQHCS/RHCS

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.
Virtual Communication Services are **NOT** considered telehealth services by Medicare. These service 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.
STATE MEDICAID PROGRAMS MAY HAVE DIFFERENT POLICIES FOR FQHCS AND RHCS!
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