Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

Telehealth Policies and Federally Qualified Health Centers

FQHC FACT SHEET

Fall 2023

Supported through funding from the National Association of Community Health Centers (NACHC), in the Fall of 2022 the Center for Connected Health Policy's (CCHP) Policy Finder tool and accompanying telehealth summary report began including a new category dedicated to telehealth Medicaid fee-for-service policies for federally qualified health centers (FQHCs). Since then, CCHP has continued to maintain the FQHC category in its policy finder. Below you will find updated information and examples of policy trends for Fall 2023. The focus on Medicaid policies pertaining to FQHCs is driven by the intricate criteria and requirements in which FQHCs must adhere. The FQHC category aims to capture this information in a consolidated way to help FQHCs navigate telehealth Medicaid policy across the United States.

Methodology

- State Medicaid manuals, administrative codes, and manuals for fee-for-service policies were reviewed between late May and early September 2023.
- CCHP only counts states as providing reimbursement if official and explicit Medicaid documentation was found confirming they are reimbursing FQHCs specifically for a certain modality. A broad statement that all providers are reimbursed or any originating site is eligible without an explicit reference to FQHCs was considered insufficient.
- COVID-19 emergency policies are not included in CCHP's reporting. Only permanent policies are accounted for.
- A state Medicaid program was counted as reimbursing FQHCs even if they do so in a very limited way, such as only for mental health.

Key Findings

Definition of Encounter/Visit & Same Day Encounters

While it is a common practice for Medicaid programs to define an "encounter" or "visit" within the context of in-person interactions, telehealth, especially through live video consultations, is increasingly considered a legitimate form of "face-to-face" interaction in many states. Some Medicaid programs explicitly acknowledge this by incorporating telehealth as an acceptable modality in their definition of an encounter or visit. Consequently, categorizing an encounter or visit as strictly "face-to-face" doesn't automatically rule out the utilization of telehealth, as certain Medicaid programs acknowledge and accommodate this option.

CCHP conducted an analysis of the policies governing 'same day encounters/visits' within each state's Medicaid program. In numerous states, there are restrictions imposed on FQHCs concerning the ability to bill for multiple encounters within a single day for a single patient. This constraint can pose a significant challenge, especially in the context of telehealth, where patients often seek primary care at an FQHC and subsequently require specialized services, such as mental health care, on the same day. While telehealth presents a viable solution to connect patients with the necessary providers promptly, the absence of reimbursement for such concurrent encounters may discourage FQHC staff from offering this option to their patients.

CCHP's findings indicate that many state Medicaid programs do indeed impose limitations on same day encounters, particularly when the services occur at the same location and fall under the same category of encounter (e.g., a medical encounter). However, there are often provisions that permit multiple encounters if the services are classified as different types of encounters, such as a mental health encounter.

EXAMPLE:

KENTUCKY MEDICAID defines a visit to mean an encounter between a recipient or enrollee and a health care provider during which an FQHC, FQHC look-alike, or RHC service is delivered; and occurs either in person or via telehealth.

Audio-only telehealth visits can sometimes also count as a face-to-face visit for FQHCs. **CALIFORNIA MEDICAID** was one of the first states to allow this (as well as store-and-forward), while a few other states have now adopted similar policies. **MICHIGAN MEDICAID**, for example, now defines an allowable FQHC face-to-face medical visit or interaction as using a qualifying telemedicine modality, which includes audio/visual or audio-only, between a patient and the provider of health care services who exercises independent judgment in the provision of health care services. Encounters may be classified as medical, dental, or behavioral health.

EXAMPLE:

HAWAII MEDICAID stipulates that after the first encounter, if an additional diagnosis or treatment is needed then the following are payable:

- Two encounters are payable when the first encounter is for treatment of an acute and/or chronic condition such as cough/ fever and/or hypertension and patient returns to the FQHC with an acute injury.
- One medical encounter is payable when the first encounter is for treatment of cough and fever and the second encounter is for a pelvic and breast exam for cancer screening.
- One medical encounter is payable when one encounter is a face-to-face visit with a MD/DO and other encounter(s) is/are face-to-face visit(s) with an OD, DPM, or non-behavioral health APRN for the same, related, or unrelated condition(s).

Eligible as Originating & Distant Sites

- **Originating sites:** 36 states and DC explicitly allow FQHCs to serve as originating sites for telehealth-delivered services. This information was often found in state Medicaid manuals or regulatory lists of eligible originating sites, where FQHCs were one of the sites listed. If a state does reimburse a facility fee, it is common for FQHCs to be eligible to collect the fee, however not every state Medicaid program reimburses the facility fee.

- **Distant sites:** 37 states and DC explicitly allow FQHCs to be distant site providers. This was often stated in Medicaid manuals or regulations as a clarification so that there could be no confusion about their eligibility for reimbursement. In some cases, Medicaid policy also addressed whether or not they would be eligible for the prospective payment system (PPS) rate.
  - 25 state Medicaid programs and DC explicitly clarify that FQHCs are eligible for the PPS rate when serving as distant site providers.

EXAMPLE:

NEBRASKA MEDICAID has added a requirement for the PPS rate for telehealth since Spring 2023, stipulating that FQHCs and RHCs may bill the encounter rate for core services that are allowed via telehealth. Nebraska Medicaid maintains a list of service codes that qualify for telehealth reimbursement generally in the Medicaid program.

Store-and-Forward Reimbursement

The vast majority of states did not specify or excluded store-and-forward entirely from being an eligible service FQHCs could be reimbursed for.

- 5 state Medicaid programs explicitly reimburse FQHCs for store-and-forward, though many of these only allow reimbursement for specific communication technology-based (CTBS) codes that allow for store-and-forward in their description or only provide reimbursement for very specific services, such as teledentistry.

EXAMPLE:

IOWA MEDICAID allows FQHCs to be reimbursed for asynchronous teledentistry specifically.

SOUTH CAROLINA MEDICAID reimburses FQHCs for CTBS code G2010 which is described as remote images submitted by a patient.

Audio-Only Reimbursement

Most states do not specify or exclude audio-only services from being reimbursed for FQHCs. Because most definitions of an encounter require a face-to-face interaction, this can implicitly limit the ability of audio-only services.

- 15 state Medicaid programs explicitly allow reimbursement for audio-only services to FQHCs. In some cases, services are only reimbursed through CTBS, or have other restrictions (such as limitations around the service type) limiting its use.

EXAMPLE:

WASHINGTON MEDICAID manual notes that they pay the encounter rate for both telemedicine and audio-only telemedicine if the service being billed is encounter eligible and meets the billing requirements as outlined in their FQHC guide.

Remote Patient Monitoring Reimbursement

While most states did not provide explicit eligibility criteria for FQHCs to receive reimbursement for remote patient monitoring, CCHP did identify a few cases where such reimbursement is allowed. Nevertheless, it's important to highlight that in these instances, the reimbursement is made separately from the FQHC's core services or encounter rate.

EXAMPLE:

Stating that RPM is not reimbursable for FQHCs is more common than asserting an explicit allowance for it. For example, **CALIFORNIA MEDICAID** states that RPM is not a reimbursable telehealth service for FQHCs or RHCs explicitly in their FQHC Outpatient Services Manual.

MARYLAND is one of the few states to explicitly allow FQHCs to be reimbursed for RPM. A notice on their website states that the Maryland Department of Health (MDH) will reimburse for remote patient monitoring (RPM) services for certain chronic conditions. Providers eligible to prescribe RPM includes FQHCs, among others. Preauthorization requirements apply.

Services Outside the Four Walls

Regulations governing FQHCs have occasionally limited the provision of services to the boundaries of their physical facilities. This limitation can present challenges, particularly in the context of telehealth encounters, where patients may be situated in their homes while seeking care from FQHC providers. In its analysis, CCHP noted that Medicaid policies frequently failed to explicitly address this scenario, although certain policies did make provisions for home-based visiting nurse services. Nevertheless, even in cases where FQHC services extended to patients' homes, these policies often did not specifically address telehealth, creating ambiguity regarding the permissibility of this care delivery model.

EXAMPLE:

NEW YORK MEDICAID has specific criteria for FQHCs related to a patient-provider relationship, though their requirements are tied to providing off-site services rather than providing services specifically via telehealth. More precisely, they require that FQHCs delivering off-site services be rendered by an FQHC with a pre-existing relationship with the FQHC patient (i.e., the patient was previously registered as a patient with the FQHC) in order to allow the FQHC to render continuous care when their patient is too ill to receive on-site services, and only to patients expected to recover and return to become an on-site patient again. Off-site services may not be billed for patients whose health status is expected to permanently preclude return to on-site status.

EXAMPLE:

OKLAHOMA administrative code stipulates that off-site services provided by employed practitioners of FQHCs to patients temporarily homebound or in any skilled nursing facility because of a medical condition that prevents the patient from going to the Health Center for health care are allowable for reimbursement under the PPS encounter rate if the service would be reimbursed at the PPS rate at the Center. It is expected that services provided in off-site settings should be, in most cases, temporary and intermittent, i.e., when the member cannot come to the clinic due to health reasons.

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KEY

YES = FQHCs are eligible

NO = FQHCs are not eligible OR no explicit reference found.

- **Originating site:** FQHC eligible for originating site live video reimbursement
- **Distant site:** FQHC eligible for distant site live video reimbursement
- **S&F:** FQHC eligible for store and forward reimbursement
- **Audio Only:** FQHC eligible for audio only reimbursement
- **PPS:** FQHC eligible for Prospective Payment System (PPS) rate for telehealth services

Medicaid Telehealth Reimbursement for FQHCs

STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	PPS
Alabama	YES	NO	NO	NO	NO
Alaska	YES	YES	YES	YES	NO
Arizona	NO	YES	NO	NO	NO
Arkansas	YES	NO	NO	NO	NO
California	YES	YES	YES	YES	YES
Colorado	YES	YES	NO	YES	YES
Connecticut	YES	YES	NO	NO	YES
Delaware	YES	NO	NO	NO	NO
District of Columbia	YES	YES	NO	NO	YES
Florida	NO	NO	NO	NO	NO
Georgia	YES	YES	NO	YES *	NO
Hawaii	YES	YES	NO	NO	YES
Idaho	NO	YES	NO	YES	NO
Illinois	YES	YES	NO	NO	YES
Indiana	YES	YES	NO	YES	YES
Iowa	YES	YES	YES	NO	NO
Kansas	YES	YES	NO	NO	NO
Kentucky	YES	YES	NO	NO	YES
Louisiana	NO	YES	NO	YES	YES
Maine	YES	YES	NO	NO	YES
Maryland	YES	YES	NO	NO	NO
Massachusetts	NO	YES	NO	NO	NO
Michigan	YES	YES	NO	YES	YES
Minnesota	YES	YES	NO	NO	NO

STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	PPS
Mississippi	YES	YES	NO	NO	YES
Missouri	NO	NO	NO	NO	NO
Montana	YES	NO	NO	NO	NO
Nebraska	NO	YES	NO	NO	YES
Nevada	YES	YES	NO	NO	YES
New Hampshire	YES	NO	NO	NO	NO
New Jersey	YES	NO	NO	NO	NO
New Mexico	YES	YES	NO	NO	YES
New York	YES	YES	NO	YES	YES
North Carolina	YES	YES	YES *	YES	YES
North Dakota	YES	YES	NO	NO	YES
Ohio	NO	YES	NO	NO	YES
Oklahoma	NO	NO	NO	NO	NO
Oregon	NO	YES	NO	YES	NO
Pennsylvania	NO	YES	NO	NO	YES
Puerto Rico	NO	NO	NO	NO	NO
Rhode Island	NO	YES	NO	YES	NO
South Carolina	YES	YES	YES *	YES	YES
South Dakota	YES	YES	NO	YES	YES
Tennessee	YES	NO	NO	NO	NO
Texas	YES	YES	NO	NO	YES
Utah	NO	NO	NO	NO	NO
Vermont	NO	NO	NO	NO	NO
Virgin Islands	NO	NO	NO	NO	NO
Virginia	YES	YES	NO	NO	YES
Washington	YES	YES	NO	YES	YES
West Virginia	YES	YES	NO	NO	YES
Wisconsin	YES	YES	NO	NO	YES
Wyoming	YES	NO	NO	NO	NO

* Reimbursement is limited exclusively to codes reimbursed by the Centers for Medicare and Medicaid Services (CMS) as communication technology-based services (CTBS), interprofessional consultations or remote physiologic monitoring.