



Telehealth Policies and Federally Qualified Health Centers

**FQHC
FACT
SHEET**
Fall 2022

With support from the National Association of Community Health Centers (NACHC) through funding from the Health Resources and Services Administration (HRSA), the Fall 2022 Edition of the Center for Connected Health Policy's (CCHP) Telehealth summary report and Policy Finder tool have a new category for each state on federally qualified health centers' (FQHCs) telehealth Medicaid fee-for-service policy. As is the case for Medicaid telehealth policy in general, the manner in which state Medicaid programs address telehealth reimbursement for FQHCs, and therefore enable them to incorporate telehealth into their clinics, varies widely by state.

Methodology

- State Medicaid manuals, administrative codes, and manuals for fee-for-service policies were reviewed between July and early September 2022.
- 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 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

The majority of Medicaid programs do provide a definition for a FQHC 'encounter' or 'visit' that stipulates that it is a face-to-face interaction. This does not necessarily preclude use of telehealth, as live video can also be considered 'face-to-face'. In fact, some Medicaid programs do specify in their definition of an encounter/visit that a telehealth would qualify as a visit.

EXAMPLE:

OREGON is a rare example of a state that defines an encounter as face-to-face, which includes a two-way audiovisual link, OR telephone contact under specific circumstances.

CALIFORNIA'S definition of a visit also includes audio-only synchronous interaction as well as asynchronous store-and-forward for certain FQHC providers.

Note that the cases of Oregon and California are rare, and most states limit their definitions to either to live video telehealth or don't explicitly reference telehealth modalities at all.

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CCHP examined each state Medicaid program's policy on 'same day encounters/visits'. Many states have limitations around FQHCs claiming more than one encounter in a single day for a single patient. This is thought to be a limitation applicable to telehealth because it is common for a patient to visit a FQHC for a primary care visit, and upon examination require a specialty service (such as mental health). Connecting to the appropriate provider via telehealth may be feasible the same day but if it's not reimbursed, FQHC staff are unlikely to be able to offer the option to their patients. Through its research, CCHP observed that most state Medicaid programs do indeed have limitations around same day encounters, particularly if the services occur at the same location and are both considered the same type of encounter (for example, a medical encounter). However, there are often allowances for multiple encounters if the service is considered a different type of encounter, for example a mental health encounter.

EXAMPLE:

ARKANSAS MEDICAID allows a family planning visit to occur on the same day as a 'core service encounter.'

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.

EXAMPLE:

MAINE policy clarifies that FQHCs can serve as an originating site and be paid separately from the center or clinic all-inclusive rate. They also clarify that FQHCs can serve as distant sites and bill under the encounter rate.

- **Distant sites:** 34 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 would be no confusion about their eligibility for reimbursement. In some cases, policy also addressed whether or not they would be eligible for the prospective payment system (PPS) rate.

- o 20 state Medicaid programs and DC explicitly clarify that FQHCs are eligible for the PPS rate when serving as distant site providers.

Store-and-Forward Reimbursement

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

- 4 state Medicaid programs explicitly reimburse FQHCs for store-and-forward.

EXAMPLE:

IOWA MEDICAID provides reimbursement for asynchronous teledentistry under certain circumstances, while California generally covers asynchronous services for FQHCs.

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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.

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

EXAMPLE:

SOUTH DAKOTA MEDICAID allows FQHCs to be reimbursed for Substance Use Disorder (SUD) agency services provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate. California allows FQHCs to be reimbursed for audio-only at their PPS rate, but only for established patients.

Remote Patient Monitoring Reimbursement

While most states did not address whether or not FQHCs would be eligible for remote patient monitoring, in a few instances CCHP noted states that allowed them to be reimbursed through CTBS codes, although separate from their 'core services' or encounter rate.

EXAMPLE:

NORTH CAROLINA MEDICAID allows FQHCs to be reimbursed for remote patient monitoring on a fee-for-service basis based on a fee schedule and rates established for remote patient monitoring codes.

EXAMPLE:

CALIFORNIA MEDICAID

is unique in having limitations around establishing a patient provider relationship via store-and-forward and audio-only modalities that apply to FQHCs only, while other types of California Medicaid providers do not have to adhere to the same rules.

Services Outside the Four Walls

FQHCs have sometimes had to adhere to rules restricting services from being rendered outside of the four walls of their facility. This can pose a problem for telehealth encounters when the patient may be at home and connecting to a FQHC provider. CCHP found that Medicaid policies did not always address this situation explicitly, although many Medicaid policies provided allowances for visiting nurse services in the patient's home. The policies that were found to allow FQHC services to the home often did not address a telehealth situation explicitly leaving it ambiguous whether this model of care is allowed.

EXAMPLE:

NEW MEXICO Medicaid allows FQHC services in an outpatient setting, including a patient's place of residence, but doesn't address whether or not telehealth would be allowed to deliver those services explicitly.

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KEY

✔ = FQHCs are eligible

✘ = 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
Alaska	✔	✔	✔	✔	✘
Alabama	✔	✘	✘	✘	✘
Arkansas	✔	✘	✘	✘	✘
Arizona	✘	✔	✘	✘	✘
California	✔	✔	✔	✔	✔
Colorado	✔	✔	✘	✔	✔
Connecticut	✔	✔	✘	✘	✔
District of Columbia	✔	✔	✘	✘	✔
Delaware	✔	✘	✘	✘	✘
Florida	✘	✘	✘	✘	✘
Georgia	✔	✔	✘	✘	✘
Hawaii	✔	✔	✘	✘	✔
Iowa	✔	✔	✔	✘	✘
Idaho	✘	✔	✘	✘	✘
Illinois	✔	✔	✘	✘	✔
Indiana	✔	✔	✘	✔	✔
Kansas	✔	✔	✘	✘	✘
Kentucky	✔	✔	✘	✘	✘
Louisiana	✘	✔	✘	✔	✔
Massachusetts	✘	✔	✘	✘	✘
Maryland	✔	✔	✘	✘	✘
Maine	✔	✔	✘	✘	✔
Michigan	✔	✔	✘	✔	✔
Minnesota	✔	✔	✘	✘	✘

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STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	PPS
Missouri	✓	✗	✗	✗	✗
Mississippi	✓	✓	✗	✗	✗
Montana	✓	✗	✗	✗	✗
North Carolina	✓	✓	✗	✓	✓
North Dakota	✗	✗	✗	✗	✗
Nebraska	✗	✓	✗	✗	✓
New Hampshire	✓	✗	✗	✗	✗
New Jersey	✓	✓	✗	✗	✗
New Mexico	✓	✗	✗	✗	✗
Nevada	✓	✓	✗	✗	✗
New York	✓	✓	✓	✗	✓
Ohio	✗	✓	✗	✗	✓
Oklahoma	✗	✗	✗	✗	✗
Oregon	✗	✗	✗	✓	✗
Pennsylvania	✗	✓	✗	✗	✓
Puerto Rico	✗	✗	✗	✗	✗
Rhode Island	✗	✗	✗	✗	✗
South Carolina	✓	✓	✗	✗	✓
South Dakota	✓	✓	✗	✓	✓
Tennessee	✓	✗	✗	✗	✗
Texas	✓	✓	✗	✗	✓
Utah	✗	✗	✗	✗	✗
Vermont	✗	✗	✗	✗	✗
Virginia	✓	✓	✗	✗	✗
Virgin Islands	✗	✗	✗	✗	✗
Washington	✓	✓	✗	✗	✓
Wisconsin	✓	✓	✗	✗	✓
West Virginia	✓	✓	✗	✗	✓
Wyoming	✓	✗	✗	✗	✗