



April 2, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Baltimore, MD 21244-8016

Dear Administrator Verma:

As the COVID-19 pandemic continues to grow, health centers remain on the front lines, providing much-needed care to our nation's most vulnerable patients. On behalf of the 1400 health centers and 29 million patients that they serve, NACHC appreciates the steps that CMS has taken to date to provide new flexibilities and encourage the use of new services, such as e-visits, to allow health centers to better serve their patients during this pandemic. The use of these services will be integral to health centers' ability to provide care during these changing and unprecedented times. We appreciate all of CMS' efforts to provide assistance and streamline efforts for providers. In these unprecedented times, these flexibilities and assistance are critical.

In addition, health centers are very interested in the implementation of the new policy to allow them to provide telehealth services as distant site providers, as included in Section 3704 of the recently enacted "Coronavirus Aid, Relief, 3 and Economic Security Act" or the "CARES Act." This provision will provide health centers with much-needed relief as they navigate the challenges of patient care in our ever-changing health care environment. Many health centers have pointed to their inability to be reimbursed as distant site providers as a top barrier in providing care during the pandemic and we believe these services will be critical to health centers' ability to continue addressing regular and urgent patient needs during the remainder of the emergency.

As you work on the implementation of this provision, we request that you consider several issues of utmost importance to health centers.

- **Ensure that health centers receive full and robust payment for distant site services:** Health centers often operate on very small margins and those are being tested in many ways during this pandemic. NACHC hears from health centers regularly that patients are scared to come in for routine visits due to COVID-19 fears, especially those in higher risk categories, such as Medicare patients. This is compounded by national and state "stay at home orders" and recommendations that persons over 65 years old or those who are immunocompromised – the very patients Medicare covers – do not leave their homes unless absolutely necessary. The decrease in visits leads to a decrease in revenue, which puts a strain on an already stretched

system. As you well know, the health care environment has dramatically evolved in recent weeks and it is critical that health centers are able to remain open and flexible to respond to the needs of their communities. We understand that often times telehealth is looked to as a way to reduce costs and save money in the health care system, but we strongly feel that should not be done at health center patient's expense, especially during this pandemic. Without adequate reimbursement for these services, health centers will be forced to make difficult staffing and operating decisions, including laying off staff or potentially closing doors. We recognize that CMS must work within the constraints of the law, but we strongly encourage CMS to consider a reimbursement rate that is as close to the traditional in-person rate as possible to ensure that health centers are able to maintain operations and continue to provide care in their communities. We also request that CMS issue program guidance to Medicare Advantage plans requiring them to cover telehealth visits furnished by FQHCs at least to the same extent that such services are covered under original Medicare and pay for the services at least to the level of original Medicare's payment, during the emergency period.

- **Ensure that health centers can provide audio-only services:** In addition to ensuring adequate reimbursement for telehealth services, we also encourage CMS to allow the use of audio-only visits to FQHCs during the emergency. Health centers are authorized to bill Medicare for virtual communication services to their Medicare patients, and we recognize that through the Interim Rule released on March 31, CMS has added to the payment bundle for virtual communication services, certain codes relating to "e-visits." However, there are instances where it is more appropriate to provide a full evaluation and management visit over the phone. As noted above, many patients cannot come in for visits and while many health centers have audio-visual communication technologies, many do not, or their patients potentially do not have the appropriate technologies for a traditional telehealth visit. This is particularly true for older patients. Or in some cases, their patients may be more comfortable communicating via telephone only. In these instances, a virtual check in is not necessarily appropriate, but an audio evaluation and management visit would be. NACHC encourages CMS to allow FQHCs to bill Medicare for audio-only evaluation and management services.
- **Ensure that the location of providers of telehealth services not be limited to FQHC sites:** In this ever-changing environment, we are seeing providers being asked to work from home or other offsite locations, to ensure a safe working environment for them and their patients. We ask that CMS clarify that, as is the case with physicians and practitioners, an FQHC clinician does not need to be physically located in the FQHC in order to provide a telehealth or other technology-based service. As long as the clinician is an employee or contractor of an FQHC, and he or she is using the appropriate equipment, the clinician's location should not make any difference for purposes of Medicare's payment for the distant site telehealth service.

- **Ensure the effective date is retroactive to the beginning of the emergency:** CARES Section 3704(4) provides that “[d]uring the emergency period described in section 1135(g)(1)(B),” FQHCs be recognized as distant site telehealth providers. Section 1135(g)(1)(B), in turn, as amended by the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Division B, Section 102(b), refers to the effective period of any public health emergency declared by the Secretary relating to the COVID-19 pandemic. Secretary Azar declared the public health emergency on January 31, 2020, effective January 27, 2020. The provision therefore should retrospectively to services rendered on or after January 27, 2020, in the same manner that Section 1135 waivers took effect retroactively to the beginning date of the applicable emergency period. We wanted to confirm that CMS also reads CARES Section 3704 in this manner. The retroactive application of Section 3704 is critical in order to ensure that FQHCs receive payment for critical services they have furnished via telehealth to Medicare beneficiaries since the inception of the emergency period.

We greatly appreciate CMS’ work on this provision and other COVID-19 related flexibilities for health centers. NACHC and its member health centers stand ready to provide care to the nation’s underserved population and we believe these new telehealth services will allow us to better do so. Please do not hesitate to reach out should you have any questions about any of the issues raised above. We look forward to working with you on these issues.

Sincerely,

A handwritten signature in black ink that reads "Tom Van Coverden". The signature is written in a cursive, flowing style.

Tom Van Coverden  
President and CEO  
National Association of Community Health Centers