



Finance Office Hours for Health Centers During COVID-19: Everything FQHC Medicare!

Featuring: Connie Axelrod of CMS

April 28, 2020 2 pm EDT

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Medicare Telehealth Coverage

- First stimulus bill eased geographic originating site restrictions
- CARES Act included a provision to allow FQHCs to provide and be reimbursed for distant site services through the end of the Public Health Emergency
- CMS released guidance on April 17, 2020
 - Will reimburse FQHCs \$92 (average of all Physician Fee Schedule rates)
 - Now through July will be PPS, reconciled in July and from July through end of the emergency \$92
 - Retroactive to January 27, 2020 and goes through the end of the Public Health Emergency
 - Any health care provider can provide telehealth services, from any location, as long as he or she is working for the FQHC
 - Includes the entire list of distant site-approved telehealth services, not just FQHC services

CMS MLN Matters article (SE20016): <https://www.cms.gov/files/document/se20016.pdf>

Medicare Telehealth Coverage

- FQHCs can also provide “**virtual check-ins**” and “**E-visits**” to their Medicare patients
 - **Virtual check in:** established Medicare patients in their home may have a **brief communication service** with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image.
 - These services are to be **initiated by the patient**; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.
 - **E-visit:** established Medicare patients may have non-face-to-face patient-initiated communications with their doctors by using online patient portals. (HCPCS codes 99421-99423).
- Each of these services can be billed using **G0071** and payment is **\$24.76**.

Source: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Other Medicare COVID-related Policies

- **Waiver of Beneficiary Consent for CCM and Virtual Communication Services:** Beneficiary consent is required for all services, including non-face-to-face services. During the PHE, beneficiary consent **may be obtained at the same time the services are initially furnished**. For RHCs and FQHCs, this means that beneficiary consent can be obtained by someone working under general supervision of the RHC or FQHC practitioner, and direct supervision is **not required** to obtain consent.
- **Home Health Agency Shortage Revisions for FQHCs providing Visiting Nurse Services:** effective March 1, 2020 through the end of the Public Health Emergency, no request for determination of shortage of home health agencies is required. FQHCs must check the HIPAA Eligibility Transaction System before providing visiting nurse services to ensure the patient is not already under a home health plan of care.

FQHC Distant Site Telehealth Services

- January 27 to June 30, 2020 Using Modifier 95 with the FQHC G-code, a qualifying FQHC visit code and G2025
- July 1 until the end of COVID-19 Public Health Emergency use the G2025 code Only
- FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14

<https://www.cms.gov/files/document/se20016.pdf>

<https://www.cms.gov/files/document/covid-19-faqs-rhcs-fqhcs.pdf>

Example of Claim for Telehealth Services 1/27/20 through 6/30/20

Revenue Code	HCPCS Codes	Modifier
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

Medicare Accelerated/ Advance Payments

- Eligibility
- Amount of Payment
- Processing Time
- Repayment

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FTCA COVERAGE & TELEHEALTH DURING THE COVID-19 EMERGENCY

April 28, 2020

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The materials are being issued with the understanding that in conducting this training program the authors are not engaged in rendering legal services. **If legal assistance is required, the services of a competent attorney should be sought.**

COMMON QUESTIONS RELATED TO COVID-19

Can health center engage in activities with non-health center patients to “prevent, prepare for, and respond to coronavirus”? **Yes.**

Health centers can:

- “provide grant-supported health services to prevent, prepare or respond to COVID-19 (including but not limited to, screening, triage, testing, diagnosis, and treatment) to individuals who are not established patients of the health center, whether at the health center or offsite (including at offsite programs or events carried out by the health center), and whether in-person **or through telehealth...**” (Associate Administrators *Determination of Coverage for COVID-19-Related Activities by Health Center Providers under 42 U.S.C. § 233(g)(1)(B) and (C)*)

COMMON QUESTIONS RELATED TO COVID-19

Can our providers provide telehealth services from home? Yes. (See particularized determination published by HRSA in their FAQs).

- Scope of employment – providers employment agreement must be consistent with this activity.
- License – understand licensing laws in states where patients may be located.
- Informed consent – consent to telehealth and to treatment.
- Record keeping.
- Non-health center patients must subsequently be registered and record created.

COMMON QUESTIONS RELATED TO COVID-19

Can we see via telehealth means, a new patient for screening for COVID-19 for the first time from the patient's home? **Yes. (See particularized determination published by HRSA in their FAQs).**

- Remember previous comments on scope of employment, license, informed consent and record keeping.

Can we see via telehealth, a new patient for health care services other than COVID-19 screening (e.g., behavioral health and chronic disease management)? **Yes. (See definition of a health center patient in the FTCA Manual).**

- Must provide initial triage/screening and register patient.
- Remember previous comments on scope of employment, license, informed consent and record keeping.

COMMON QUESTIONS RELATED TO COVID-19

Can we provide services via telehealth to patients who are in a different state. **Maybe.**

- State licensing laws vary with some requiring the provider to be licensed in the state where the patient is located.
- Many states are providing exceptions during emergency. Check with the relevant state licensing boards.

RESOURCES

FTLF Learning Center

<https://learning.ftlf.com>

Particularized Determination for COVID-19 Emergency

<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/COVID19GeneralDeterminationHC.pdf>

Novel Coronavirus (COVID-19) Frequently Asked Questions

<https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

PAL 2020-01: Telehealth and Health Center Scope of Project

<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>

PAL 2017-07: Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations

<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf>

Federation of State Medical Boards – COVID-19

<https://www.fsmb.org/advocacy/covid-19/>

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Questions?

