

# Telehealth and Health Centers

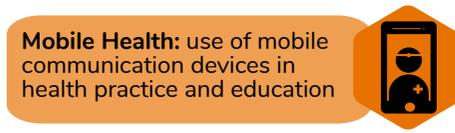
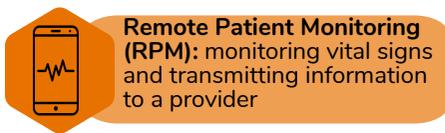
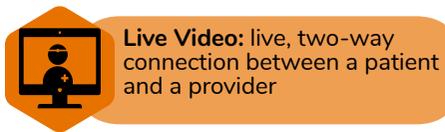


Community health centers provide high-quality, affordable primary and preventive health care, as well as services that facilitate access to care for millions of uninsured and medically underserved individuals nationwide regardless of their ability to pay. As of 2017, nearly 1,400 health centers at over 11,000 sites served more than 28 million patients.

Health centers in underserved areas are increasingly using telehealth to better meet their patients' needs. **In 2017, 600 (44%) of health centers across the nation were using telehealth to deliver services.** Telehealth encompasses a variety of technologies used to deliver virtual medical, health, and education services. Telehealth has proven to result in [better outcomes](#) for patients, making it a crucial tool to deliver quality health care for all populations.<sup>1</sup>

## What is Telehealth?

The Health Resources and Services Administration (HRSA) defines telehealth as “the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.”<sup>2</sup>



## Did You Know?

Telehealth programs are especially popular in rural health centers, where many residents in the community must travel long distances from their home to a health provider, and even longer distances to see a specialized provider.



**46%**  
Rural Health Centers



**32%**  
Urban Health Centers

## Telehealth in Medicare

Medicare covers a limited set of services via telehealth, currently only providing reimbursement for specific services offered by eligible providers through live video. Historically, Medicare policies have served as the template for many states' telehealth policies, such as those related to Medicaid.

## Originating and Distant Site Fees

Medicare issues reimbursement for originating sites (defined as the location of an eligible beneficiary at the time the telemedicine occurs) and distant sites (the location of the provider issuing the service via telemedicine).

Today, a health center is eligible for reimbursement as an originating site only if it is located in a county outside of a Metropolitan Statistical Area as defined by the U.S. Census Bureau, or in a rural Health Professional Shortage Area as defined by the Federal Office of Rural Health Policy. Health centers are not eligible to receive reimbursement as distant site providers in Medicare. Allowing health centers to serve as a distant site will provide them with more flexibility to better serve their patients.

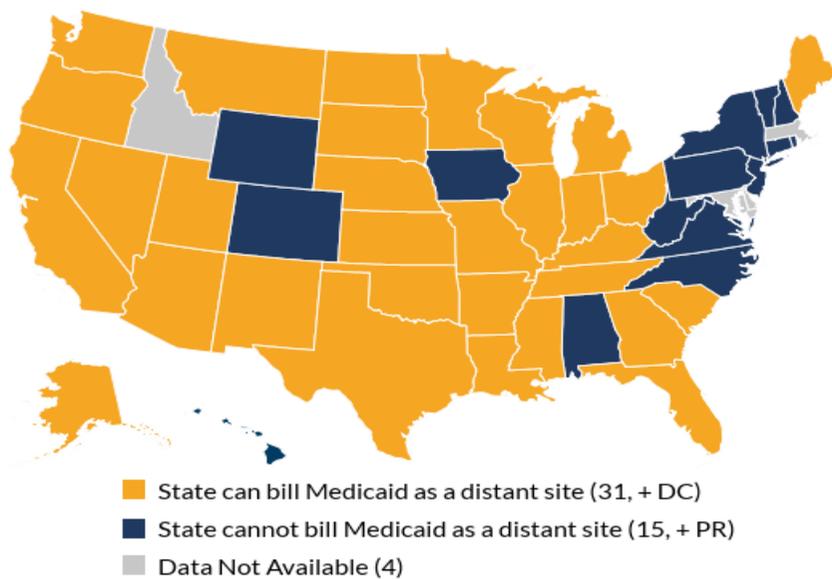
1. Health Resources and Services Administration (HRSA), Telehealth, <http://www.hrsa.gov/healthit/telehealth/>, accessed Sept. 5, 2015.  
2. National Conference of State Legislatures. (2015). Telehealth Policy Trends and Considerations

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## Telehealth in Medicaid

As Medicaid is jointly run by states and the federal government, states enjoy significant flexibility in crafting their telehealth policies, as long as they align with certain federal requirements. Currently, state Medicaid policies on telehealth vary significantly in both form and substance. States have implemented a variety of telehealth policies, by either adopting policies similar to Medicare or using its authority to expand policies to allow for the use of telehealth at health centers.

### State Medicaid Policies: Health Centers and Telehealth Distant Sites



There have been substantial gains in telehealth policy to help patients and providers to further utilize telehealth as a modality for delivery of care both to better meet their patients' needs and to overcome workforce shortages. However, the barriers outlined above persist and should be addressed through thoughtful and collaborative policymaking.

## The Health Center Request

Federal and state policymakers should build off recent investments in telehealth by enacting policies that:

- Allow health centers to receive reimbursement as both originating and distant sites, under Medicare and Medicaid.
- Require reimbursement parity to allow telehealth to be considered a billable FQHC PPS encounter.
- Reassess provider licensure requirements to determine if they unreasonably restrict providers to a certain mode of visit.
- Permit out-of-state providers the ability to deliver certain specialty services via telehealth.

For more information, email [state@nachc.org](mailto:state@nachc.org)