

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 10,000 sites served more than 27 million patients.

Health centers in underserved areas are increasingly using telehealth to better meet their patients' needs. In 2016, 57 percent of health centers across the nation had either begun using telehealth, were in the process of implementing a telehealth program, or were actively exploring its feasibility.¹ 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.¹

Types of Telehealth



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.¹ 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.

The "CONNECT for Health Act," introduced in both the Senate and House in May 2017, includes provisions to expand telehealth coverage by authorizing health center providers as eligible distant and originating site providers within Medicare and permitting the use of Remote Patient Monitoring (RPM) within Medicare. To date, the bill is in committee.

¹ National Conference of State Legislatures. (2015). [Telehealth Policy Trends and Considerations](#)

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. To support this flexibility, CMS does not require states to submit a separate Medicaid State Plan Amendment for coverage or reimbursement of telehealth services, if the state's reimbursement is expected to be in the same way/amount as face-to-face services. Consequently, state Medicaid policies on telehealth vary significantly in both form and substance.

Inconsistencies in policies among and within states poses a significant barrier to the implementation and sustainability of telehealth in health centers. It can result in confusion and inadvertent gaps in coverage. Despite

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STATES SPECIFICALLY OUTLINE AN
FQHC TELEHEALTH POLICY IN
THEIR STATE MEDICAID POLICIES.

the momentum at the state level to address such barriers, the extent of the inconsistency problem is highlighted by the stark contrast in the number of states with policies explicitly addressing telehealth reimbursement generally versus those addressing health centers. Today, 48 states and DC explicitly provide for reimbursement for some form or live video, but only 16 explicitly address FQHCs.

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**. Furthermore, less than half of states consider telehealth a billable FQHC PPS encounter, an issue that can be addressed by passing laws to require reimbursement parity.
- Provider licensure requirements should be reassessed to determine if they unreasonably restrict providers to a certain mode of visit. Additionally, states may seek to permit out-of-state providers to provide certain specialty services to its residents via telehealth.