



Federal Medicare Telehealth Policy Priorities – April 2021

Support Bills That Permanently Extend These Medicare Telehealth Policies Past the PHE:

1. Recognize FQHCs as Distant Site Providers and Remove Originating Site Restrictions

A. Recognize FQHCs as Distant Sites:

- Adding FQHCs to the list of practices that can receive reimbursement for providing telehealth services in the Social Security Act would allow health centers to qualify as distant site providers through Medicare
- FQHC practitioners need to be able to continue to offer services from any location including their homes

B. Remove Originating Site Restrictions:

- Removing originating site facility restrictions allows patients to seek health care services from their home
- Removing the originating site geographic requirement would allow any FQHC to access the originating site facility fee regardless of whether or not the FQHC is located in a rural area
- Eliminating restrictions would help address the provider shortage by allowing physicians from urban areas to use telehealth to offer services for rural communities with fewer physicians

2. Payment at the PPS Rate

- Reimburse telehealth appointments at an equal rate to PPS rate
- Medicare reimbursement during the COVID-19 PHE was based on a fee schedule and did not fully cover the costs associated with the health service
- Telehealth provides the same quality of service and should be compensated as such

3. Protect Audio-Only Coverage for Telehealth Services

- Medicare audio-only coverage encourages equitable and safe patient care
- In particular, providing coverage for audio-only behavioral health appointments removes barriers to access for those seeking care
- Audio-only provides the same quality of care as an in-person or video telehealth appointment and should be compensated as a full FQHC visit
- Audio-only gives rural communities, older adults, and adults experiencing homelessness the same quality of care as those with access to laptops, smartphones, or broadband and avoids creating a two-tier system of health care access