April Lewis:

It is 2:01. I see people are still trickling in, but I will respect your time and go ahead and get us started. My name is April Lewis. I'm the director of health center operations and HR training here at NACHC. Thank you all so much for joining our monthly telehealth office hours. We launched just last month in September and had a really good dialogue. I received the feedback. Please be sure to mute your line if you've just come on. We had a really good dialogue last month. Special thanks to the Telehealth Resource Center for leading the conversation. Before we go into the discussion that's going to be led by my rockstar colleague Susan Sumrell, I want to give a few housekeeping. One, please keep your phone on mute. As soon as you come in, when a participant comes in, they'll get unmuted a second later, so apologies in advance for any disruption.

April Lewis:

To the right of your screen, you have the chat box. Please use that to ask your questions or post any comments. I'll be managing that box. If there are any questions that come through the chat box that we don't get to on this call, we'll add them in the queue and respond to them at a later date. If it's something that you want to have someone follow up with you directly, please put that in the chat box with our email address and we'll make contact accordingly. As you see on your screen, that is the phone number to dial in. Because there are so many people on this call, I often hear that they can't hear, there are connectivity issues. It's always easiest just to log on and listen through your phone. To the right of your screen, we now have a telehealth office hours web page. Special shout out to my team member Phillip Stringfield for developing that so quickly.

April Lewis:

That's the direct link, and you will get a copy of these. A copy of these slides will be posted there so at the bottom, to keep it simple from you trying to copy and paste that link, if you go to NACHC.org, search telehealth. Go down to the bottom and click on access on serials from previous telehealth office hours. You'll be able to download the full recording of this conversation, and the slides as well. Thank you, Phillip. He put the link in the chat box, so the link is in the chat box, and again, that's where you'll be able to find this recording. It takes a few days for us to get the recording queued up or compressed from our IT department, but we'll upload the slides within the next 24 hours. Thank you again, Phillip.

April Lewis:

So we've gone through some logistics. Today our focus topic is our policy updates. Again, the way these office hours are structured, we'll come in, we'll do introductions. I'll do the quick WebEx information, and we have a focal topic that we discuss every month. Then we go into Q&A in the chat box. Understanding that some questions, again, things are going to be state specific. If we don't have the answer here, we do follow up accordingly. Then for the next session, I just want to let you know, we're going to talk about telehealth etiquette. We're also going to use that time, some of you may have received the survey that we sent out in advance of these telehealth office hours launching. We've gathered over 100 questions from the field, and questions that we've been receiving through telehealth@NACHC.org. The speakers will go through those questions, group like questions together, prioritize accordingly, and next month we're going to have a massive answer session to the questions that we've received, so be sure to email any questions that you have to telehealth@NACHC.org.

April Lewis:

Again, we won't be able to get through every question, but like questions we'll be able to answer, and we're going to prioritize. And again, I have to give a caveat that certain things are state specific. So without further ado, I want to hand it over to my colleague Susan Sumrell, who is going to lead our discussion today. We also have on the line representatives. We have Mei and Debbie from the Telehealth Resource Center. We do this in partnership with Office of the Advancement of Telehealth at page zero, and also with the Telehealth Resource Centers in also high-tech. So thank you to our partners that help us to make these office hours a success. Please hold questions. My representatives from the TRCs, if you have something that you want to add to the conversation, you know that is always welcome. Send me a note, and I will unmute your line and give you access to the conversation accordingly. So Susan, I will hand it over to you, and I will drive your slides.

Susan Sumrell:

Can you hear me now?

April Lewis:

I can hear you now.

Susan Sumrell:

Perfect, okay. I was talking to you. I said lots of brilliant things in those 20 seconds, but nobody heard me. I'm really excited to be here with you guys today to talk a little bit about telehealth policy. What we're going to do is go over a couple of things. You can do the next slide, April. Just a really quick refresher, a summary of what we hear from folks on how health centers are using telehealth. I think a lot of you, if you joined us last month, you probably know all of this, and I imagine that you know this because it's something that you're living right now. Then I'm going to give an overview of the Medicare policy on telehealth for health centers, and then the Medicaid policy on telehealth for health centers, and then we'll take any questions that come up in this space. You can do next slide, April. Thank you.

Susan Sumrell:

So this isn't a surprise, and I think you can see by the number of folks that are on this call and the interest that we've had via the telehealth@NACHC.org chat box or email box, we are seeing a really increased interest from health centers on telehealth, and I think that is for a variety of reasons. A lot of folks are pointing, it's a solution for a workforce problem. It's really a great solution for rural areas, but also urban areas too. We saw in 2018, according to the UDS, 43% of health centers were using telehealth in some form. The way that these health centers use telehealth is the live video that we talked about last month, the two-way connection between a patient and provider. That's really what we're going to talk about today, but also store and forward, where you're maybe taking an image and sending it to another provider to review. Remote patient monitoring, so monitoring those vital signs from a patient and sending that information to the provider.

Susan Sumrell:

We have a lot of really great stories about health centers using that, and then obviously mobile health is something that's newer on the system, but one that we're seeing more and more, we're getting more and more questions about. Here we see that rural health centers are using telehealth a little bit more than urban health centers, but I think that is starting to change, based on the questions that we get. I get questions from everyone and anyone in between. There's no real rule on that, so I think it can be used in any space, and you've seen it. We saw 46% and 32% of health centers, a rural and urban

breakdown. The tiny little picture on there is our telehealth and health center fact sheet. That is something that you can also find on the NCACH telehealth page. That is going to be your two-page cheat sheet on everything that we're talking about today. It gives you a really quick overview of what's going on in Medicare, and then what's also going on in Medicaid. Next side, April.

Susan Sumrell:

And so what we're going to do with this is we're going to jump into some weeds pretty quickly. If you know anything about any of us in Washington, we have a terrible habit of talking in acronyms so I wanted to just put these out here in case I accidentally slip into one in our conversation, but just to also give us all a good starting place for what we're talking about, specifically when we talk about Medicare and Medicaid policy. You guys all know the term federally qualified health center, FQHC. That is actually a term found in the Social Security Act, and it means the health center receiving a grant or meeting the requirements of receiving a grant, per HRSA. So HRSA sends out information to CMS, and those folks are considered FQHCs. I say that specifically because we oftentimes get in a conversation and they say but does this apply to look-alikes too, so everything that I'm going to talk about today applies to both a health center receiving a grant and a look-alike. From producers of Medicare and Medicaid and CHIP, when we say FQHC, that includes both those getting a federal grant of the health center and those look-alikes.

Susan Sumrell:

The Social Security Act, or SSA, is a federal statute governing the Medicare and Medicaid programs, so when Congress makes a change to either the Medicare or Medicaid program, they do it via the Social Security Act. We're going to take a peek at what the Social Security Act says about Medicare and telehealth in a minute. Then there's the Centers for Medicare and Medicaid Services, CMS. That's the federally agency within the Department of Health and Human Services that governs Medicare and Medicaid. Then a couple of telehealth terms that I feel as if it's always good to just remind folks. The distant site is where the provider is, and the originating site is where the patient is. Those are often referred to as either the hub, or the spoke, depending on which section you're talking about. So, with that, April, you can go to the next slide and we're going to jump right into Medicare.

Susan Sumrell:

This is something that I get lots, and we at NCAHC get lots and lots and lots of questions about. What is the Medicare policy on telehealth for health centers, and what is the Medicaid policy for telehealth in health centers? Then when we talk about what that policy is, the next questions is why can't CMS fix this, or why hasn't CMS fixed this? So I wanted to sort of take a step back and look at what the federal statute, what the Social Security Act says on Medicare telehealth services. Medicare, as you all know, is one single program. There's one program, there's one set of rules across all 50 states. There is no variation amongst the states, so it really does help in the instance of Medicare to go back and look and see what the Social Security Act says. I have not included the full telehealth section of the Social Security Act on these next two slides.

Susan Sumrell:

I've included some of it but not all of it because that would be rather length and I think would take us awhile to get through it, and I wanted you to just see how the law reads when we're talking about this. They say the Secretary shall pay for telehealth services that are furnished via a telecommunications system, and what's important is what's in blue, by a physician or by a practitioner to a, eligible

telehealth individual enrolled in this part, meaning Medicare. Making sure that they're not in the same place. Reading statutes is a little like putting a puzzle together. You look at the term physician and how they define it in the Social Security Act, and that reference tells you it's a physician. Then the practitioner includes a list of physician's assistant, nurse practitioner, clinical nurse specialist, certified nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychology, registered dietician or nutrition professional.

Susan Sumrell:

So in the law, they're saying those are the folks that can provide telehealth, and then they go on to talk a little bit about how the payments are made. And that's made to both the distant site, again, where the provider is, and the originating site, where the provider isn't. Where the patient is. So it's important to know that as we look at the next slide, April. They go in a little bit further and talk about some of the definitions. This is where they find both distant and originating site. The distant site, again, has that terminology where the physician or practitioner is located at the time of the service, and the originating site has a little bit more to its definition. Not just anybody, not just any physician or practitioner can be an originating site for the purposes of telehealth, and this is the way in which it was drafted. They say that originating site actually has to be located in a rural HPSA, health professional shortage area, or they have to be located in a county that is not a metropolitan statistical area.

Susan Sumrell:

So they have to be rural to be considered an originating site for purposes of Medicare, and then they go out to list the number, a variety of sites that are able to serve as originating sites. You'll see, I bolded federal qualified health center. They have specifically said in the originating site portion of the law that an FQHC can serve as an originating site. If you go back up to the distant site... I should have a little pointer... but just at the top of that same slide, you don't see FQHC listed anywhere. When you call CMS and you say, "Why haven't you fixed this issue for health centers? Why are health centers not allowed to be a distant site for purposes of telehealth?" they will say, "It's not our fault, it's the law. We're just doing what the law tells us to do". And that is because an FQHC, you guys have physicians and practitioners, obviously, that are working at your site and your health centers across the country, but you're billing as an FQHC, and you're listed as an originating site and not listed as a distant site.

Susan Sumrell:

So the next slide, I know that if reading the Social Security Act is not something that you do all the time or in your free time, it can be a little bit confusing, so what does this all mean? It means that Medicare pays for certain services via telehealth, and I didn't include that on the slide, but most of those services are those live video communications where the patient is in one section and the provider is in another location, and they're communicating via the telecommunications technology. It also means that Medicare reimbursement for telehealth services at health centers is limited. You as an FQHC are only able to bill as an originating site if you are located in a rural area, and you're not able to bill as a distant site. I hate to be the bearer of not the greatest news, but it really is limited in the Medicare program, and so there are not as many opportunities in this space as there are maybe in other spaces for reimbursement in this space. April, next slide.

Susan Sumrell:

So where are there opportunities? What opportunities are out there? And I would say you've got many more opportunities in the Medicaid space, and that's for a number of reasons. Medicaid is a

federal/state partnership, meaning both the federal government and the state government participate in the creation of a state's Medicaid program. The federal government lays out certain rules and guidelines through the Social Security Act, things that must be covered in a state's Medicaid program, and then gives the states flexibility to make that Medicaid program look how it sees fit, as long as they're meeting those federal rules laid out in the law. On telehealth there isn't anything laid out in the law, so this quote that I've pulled is from CMS Medicaid. It has an informational site on telemedicine, and I thought it was a good summary. It gives an overview on what flexibility sates have.

Susan Sumrell:

If they want to add telemedicine to their state Medicaid program they can do so, but they also don't have to. It's not one of those required services that they have to offer as a Medicaid program, so they can decide just to offer it or not, they can decide how it's covered, they can decide where it's covered, what type of practitioners are able to use it, how that reimbursement will be made, and they have lots and lots of flexibility. So what we see in practice is that... and I hate to say this because it's almost too cheesy, but states are literally all over the map. There's a lot of variation on how they cover telehealth services. Some states choose to follow what Medicare does, and specifically for FQHCs, only allowing health centers to serve as an originating site and not a distant site. But others have developed their own telehealth policies that are a little more expansive. So next slide, April.

Susan Sumrell:

So one of the things that we at NCAHC do is every year, we ask the Primary Care Associations a number of questions about sort of the state landscape. What does it look like? What's your Medicaid policy look like? And last year we included for the first time some questions on telehealth, so we got some information on what do telehealth policies look like in your state? And this map will show you, everybody that's yellow, 32 states, can bill Medicaid as an originating site. So the FQHC can bill the originating site, as they can in Medicare. Those that are yellow are yes, those that are blue cannot, and then you'll see the numbers on the right hand side. The 11, 9, and 10. 11 states reimburse as a fee-for-service rate, nine reimburse using a PPS rate, 10 have another way to reimburse.

Susan Sumrell:

I will note that this information is from 2018 and that policies may have changed over time, so it is always worth you checking with your Primary Care Association to see if there has been a change over time in this space. But you'll see that some have decided to cover it and some have not, and the way in which they're paying for it varies, too. So the next side, April. We'll take a look at what we know about distant sites. I should've put the two maps side by side, because they don't always equal out. The same states that have chosen to cover as an originating site don't necessarily cover as a distant site, and vice versa. So the yellow here, though, are allowing. Again, 32 states allow a health center to be a distant site, while the blue states, 15 plus Puerto Rico do not. And you can see again, the 25 allow a reimburse via a PPS or APM, and three reimburse with a fee-for-service rate, and five other states have different methodology to reimburse via telehealth.

Susan Sumrell:

So when I say it's all over the map, I mean it really is all over the map, and there is a lot of variation. Next slide, April. So for Medicaid, in the same space of what does this all mean, taking a look at what the states are doing and what is out there for CMS on this, it really does depend. It depends on what your state has chosen to do. Some states, all states actually, all 50 states have some sort of telehealth policy.

But when you're really drilling down as to what this looks like for health centers, how many of those states have a specific health center policy and how many of those states have said yes, a health center can serve as a telehealth originating site and a distance site? That's where you're going to see your reimbursement. There's no federal policy as we see in Medicare that says yes, this is how this must be done, but there is a lot of variation. So April, next slide. I just want to leave you with a couple key takeaways before we jump into questions.

Susan Sumrell:

I would say there are lots of opportunities and challenges in telehealth, and I think one of the wonderful things about health centers is that we see when there's a will, there's a way. So maybe the reimbursement policy is not exactly the best in Medicare, but maybe your state has a better reimbursement policy in Medicaid, or you're able to go out and find grant funds or other funding to do a telehealth. I know that that is not ideal and that it would be ideal to have a better reimbursement policy in both Medicare and Medicaid, but health centers are often very resourceful and have been using telehealth for a long time through other means. Like I said, Medicare reimbursement is limited, but there are more opportunities in Medicaid. We actually have seen a couple states in the last six months, or last year we saw Virginia adapted a more favorable Medicaid policy for health centers in telehealth. New York really firmed up their telehealth policy for health centers, and it's working out pretty well.

Susan Sumrell:

I think what's really important when we're talking about both Medicare and Medicaid is you should be in touch with your Primary Care Association. They are definitely the experts on what's going on in your state. But we can certainly, and are doing this quite often, working with Primary Care Associations or working with health centers in certain states to think about what are ways that you can make improvements upon your Medicaid policy, and then looking at making improvements at the national level as well. So with that, I kind of sped through that very quickly. It's a high-level overview. I would love to be, and April said in her interlude, we would love to be able to talk specifics about everybody's states but I think that's a little bit challenging in this open forum like this, but definitely if you have further questions about what this means, what it looks like in your state, let us know and we can follow up on that and work with the Primary Care Associations too to get that information. With that, April, I'll turn it back to you. Is there any questions?

April Lewis:

Thank you, Susan. We appreciate that information. I just got one question. Terri Alessi, sorry if I pronounced your name wrong, I wanted to confirm if that was a question or a comment. You said there's guidance for FQHC billing, New York SCOH for telemedicine business, and the updates. I just want to confirm, is that a question or a comment for the good of the group?

Terri Alessi:

I'm sorry, I was a little confused because I saw that New York state was not, in 2018, saying it's not approved for reimbursement for telehealth, but yet there's guidance going back dating to 2015.

Susan Sumrell:

Yes, so that is, I should've said on both of those maps, there have been changes in those maps since that map was created. Some of those changes have been made recently, and I think that reflects that there was a little bit of, as I understand it, there have been some clarifications even in the last year in what's

going on in New York. So that map looks like that but there have been changes, and so my disclaimer is you should definitely check with your PCA for the latest information, because that data was good last year. There have been some changes, and I think even more so in New York state, as I understand it, in the last several months to clarify that policy and process even more for health centers billing telehealth.

April Lewis:

Thank you, Susan. All right, is there anyone else that can share a question? I have muted you out, so feel free to use the raise your hand feature, or just chime in. And while we're gathering this question in the comment box, I also sent you a note. If you have any updates from the PRC, please let me know. So Susan, Oregon health centers want to use telepsychiatry between their state. The state is saying it's billable but not at the PPS and APM rate, as they don't believe CMS would approve, as it is not face to face. Can you comment broadly on this in regard to telepsychiatry, and the statement that it has to be face to face for CMS to allow for PPS? Is everyone on mute? Please mute your lines. Can everybody take a second and just make sure their line is muted? I'm going to. All right Susan, sorry about that.

Susan Sumrell:

Yeah, so I would say broadly, it depends. I think they have approved the use of telehealth. I can't say that necessarily site-to-site, but they have approved the use of telehealth at a health center, between a health center and another provider. I would have to go back and just confirm if there are any states that use it site-to-site within the health center organizations one health center site to another, but they have approved it in other states and so those maps that I showed you, I don't know if i can go back, April. Those will show you that there have been states both... actually on the distant site.

Susan Sumrell:

The next one. Go forward April, if you don't mind. Yeah. So those are all the states where they have approved it, and maybe not necessarily telepsychiatry but they have approved the use of telehealth in that space. So I think it would be definitely worth further pursuing. You can point to, look at the states, and we can take a look at that on telepsychiatry specifically to see what states might help you to build your case in that space. Oh, and I just saw a question come in. In Florida, they've used it site-to-site with no complications, so there's your first example.

April Lewis:

Perfect, thank you. And Mei, as the executive director for the Telehealth Resource Centers, I wanted to give you an opportunity to speak. I think I can unmute you, or you can unmute your line. Make sure.

Mei Wa Kwong:

Can you hear me, April?

April Lewis:

All right, got you. Yes, ma'am.

Mei Wa Kwong:

Okay, great. I just wanted to go back to that question that came up about New York. Susan did a great presentation, but she's absolutely right in that some of these policies, they can remain like this for years or they can just suddenly change them on the Medicaid level. New York actually did do an update in

January of this year on some of their policies, and there is a section on there regarding FQHCs. I am going to put the link in the chat box so folks can access that particular piece of information if they're interested in the New York Medicaid telehealth policies, and this was just earlier this year. Also, to address the item about the PPS rate, as Susan mentioned in her presentation, there is a lot of flexibility with Medicaid programs and how they address FQHCs, Community Health Centers and telehealth. That also includes what they will reimburse for. I think she did note on one of her slides, the one right there, the one that's up there.

Mei Wa Kwong:

Some of the reimbursement's a fee-for-service rate, some of them do reimbursement PPS rate. It is, as Susan mentioned, all over the map. It's going to depend on what particular state, what their policies are regarding telehealth, and sometimes it even narrows down toe what the service is because there may be statutory information or statutory requirements on telehealth that may impact what's going on with the FQHCs, even though it's not specific to the FQHCs. It's just their telehealth policies in general. An example I can give of that is for in California, who also just updated their medical policies around telehealth and do have an entire section for FQHCs, so if people are interested in that I'll put the link in the chat box in a moment. What they do with FQHCs is that they do reimburse for some services at the PPS rate, but they were very specific that store and forward services.

Mei Wa Kwong:

There were only certain services that the FQHCs could utilize through store and forward and get reimbursed for. And the reason for that was because those particular store and forward were called out in statute in California law. However, if you're talking about other Medicaid providers, like in the fee-for-service program, their new policy within the Medicaid policy is that the provider can decide whether to deliver service via live video or store and forward. That doesn't extend over the FQHCs when you're talking about store and forward, so there's all these different levers that could also impact how the Medicaid program shapes the telehealth policy for community healthcare clinics.

April Lewis:

Thank you, Mei.

Mei Wa Kwong:

Thanks.

April Lewis:

And another question that came through. My FQHC is in Kansas, therefore I would be dealing in originating site fees. How do you bill for the provider that is living in Arizona?

Susan Sumrell:

That's a great question, and Mei, I'm not sure if you have any thoughts on that too. I think the one thing you need to remember is that those providers, so you're in Kansas seeing Kansas patients, presumably, and you're using a provider in Arizona. That provider, you'd want to make sure is a Kansas Medicaid provider if you were going to bill Medicaid for that space. Or the provider, if it's outside an FQHC, would be doing the billing on his or her own, and you would just be billing for the originating site. I think

depending on the arrangement there, you are just going to be billing for the originating site, and a provider would likely handle that reimbursement on his or her own.

Mei Wa Kwong:

Yeah, so the FQHC would not be able to do both, wouldn't be able to bill the original site's fee and the specialist fee. And that provider who is living in Arizona, a lot of the Medicaid programs, they will require the provider billing them to be a Medicaid enrolled provider, so you would need to make sure that that provider is enrolled in the Medicaid program if they are going to be billing the Medicaid program directly. That may be problematic if they're located in another state. There are a couple of states that have limitations or requirements that if you're an out-of-state provider and you're providing services to a Medicaid enrollee for this other state, there may be certain hoops that they need to jump through, or certain qualifications that they need to meet.

Susan Sumrell:

Exactly. Yep.

April Lewis:

Thank you both. Thanks, Mei, for that. The post is in the link, everyone. I'm sorry, is the FQHC eligible for reimbursement for Medicare remote patient monitoring?

Susan Sumrell:

That's a great question, and one that I didn't cover. No, they are not right now. I know CMS has been, and Medicare has been making some additions to their telehealth services, and you've probably seen a little bit about that over the last couple of years. They do allow for some remote patient monitoring, but that has not changed in an FQHC so they have not made that addition for services that health centers can provide. The one thing that they can provide is something called a virtual communication services, and that's basically like a virtual check-in. Different from remote patient monitoring in that it has to be done by a provider.

Susan Sumrell:

It's basically a conversation with a patient to decide yes, this is something that you should come in and be seen, or maybe I can wrap this up in 10 minutes on the phone and give you some advice, and you don't need to be seen until your next appointment two months from now. If the conversation on the phone ends up with the patient coming in at the next available appointment, that is not a reimbursable service. But if they don't come in for something, that time that the provider spent on the phone with that patient to work through the issue is reimbursable, and that's a virtual communication code. So that's the only and closest thing that health center can bill for at this point, to remote patient monitoring.

Mei Wa Kwong:

Susan, there is one thing. It's not called remote patient monitoring though, but it uses the features of remote patient monitoring, and it's the chronic care management code.

Susan Sumrell:

Exactly, yeah.

Mei Wa Kwong:

The CCMs codes, FQHCs and RHCs can bill for those. I'm putting the CMS FAQ link in the chat box if you want to download that. This is actually a pretty good sort of explanation of it, and also transitional care management codes, I think FQHCs might be able to bill for those too. But I'll put the FAQ and the link to it in the chat box real quick.

Susan Sumrell:

And we have one, put that one up, please. Yes, we also have a NACHC fact sheet on that too that might be helpful, taking a peek at that. But the chronic care management is something that you should definitely take a peek at if you're a health center that does not currently use it because there are a number of requirements that you must meet in order to do it, but it's a really great program and something that CMS has recently added in the last five years, four or five years now, for health centers. We're starting to see more health centers use it, and it's been really, really good so far for those that are using it.

April Lewis:

All righty, thank you both. Let me see. We have opportunities to provide behavioral health services to a private entity, a non-Community Health Center site. This would mean we would have to be the distant site. Is this allowed, since patients being served are not Community Health Center patients? Coming from Florida.

Susan Sumrell:

That's a good question. I think that would be a question that you would also want to make sure you think about all of your HRSA requirements on, and thinking about the patient and who is a health center patient, and how you're doing that. That is one I would like to maybe talk to you a little bit offline to understand exactly the arrangement there and how it would work, because I think it's a bigger question than whether or not it's a Medicare or Medicaid reimbursable service, but thinking about your HRSA patient requirements and what your role is. It might be something that's done maybe not as a health center, but yeah. Let's talk about that one offline, if you don't mind.

April Lewis:

And Karen, will you please just shoot us an email at telehealth@NACHC.org, and then we'll be able to contact you directly. All right, and then policy updates, thank you Mei. Is retinopathy screening considered store and forward?

Susan Sumrell:

I don't know that one off the top of my head. I think so. Mei, do you know that one off the top of your head?

Mei Wa Kwong:

That's usually how it's done. I haven't heard of it being... I guess it could be live if you have the ophthalmologist sitting right there and they're actually doing the screening themselves, but it's usually when you're talking about telehealth, it's usually done via store and forward.

April Lewis:

All righty, let me just make sure I didn't get any direct questions. Okay, well I do not see anything in the chat box. Please let me know if I missed anything. All the resources, the links that were posted here, I'm trying to see the easiest way. If you're... actually, I don't have everyone's email that's on here, so I recommend that you copy the links and go ahead and save the files to your computer. Or if you are on your phone and not able to do so, please just put a note with your email address and I will send all the links that were provided in the chat box to use. So if you're on a computer, I recommend you getting the links here, then we'll go ahead as well. It'll be on the recording, and then under when you go to the recording, if you're on your computer that will be on both. Drop your email, and I will send you all the links.

April Lewis:

So with that, with no further questions coming in, again, next month we will do a brief overview of telehealth etiquette, and then also respond to questions that we've received through telehealth@NACHC.org or through the survey that went out. It's not too late. Again, if you have any questions, submit them at telehealth@NACHC.org. Again, can't get to everything, but we will prioritize and group accordingly. So from Karen, Medicare prohibition on FQHC distant sites. Does this mean we cannot have our own provider at one of our own sites providing telehealth, or does it mean we can have the provider at our site, but we can't bill?

Susan Sumrell:

That's a good question. Are you talking, I think what you're talking about is maybe a site-to-site within your health center organization using on provider at one site to then provide services via telehealth. Okay, yes. Site-to-site. In Medicare, you cannot bill for that. I think that you'd want to make sure that you're following all of the appropriate Medicare rules and regulations about providing services and whatnot, so I think it's definitely not something you can bill for because you're not allowed, as an FQHC, to bill the distant site provider.

April Lewis:

Okay. Yes, Janet. So Janet, we're going to talk about telehealth etiquette. Just a brief overview for providers that are using or considering using telehealth. Just a few things to keep in mind on how providers are conducting themselves, basic room setup, things of that nature. Then we will answer questions that we've received, so it'll really be a robust Q&A that may cover, you may go back to some telehealth 101, a little bit of the policy. This team is going to get together and we're going to look at the questions, and then it'll be responding to the questions that we've received up until this point, so do come prepared to listen and learn. As time permits, we'll still answer questions in the chat. But again, the purpose of this office hours was to just create that space as if you're knocking on the door of the CEO of telehealth university of the world, so you can have those questions answered.

April Lewis:

All righty, well I'm always excited to give people back their time. I'll leave this open for several minutes so you can continue to copy down those resources. If you're on your phone and cannot copy them, just put your email address in the chat box. I will send them to you. Mei, thank you. I just got that email from you. If you have any further questions, you've got the inbox, telehealth@NACHC.org. We will be back on next month. I'm looking at my calendar to get the exact date. It's the second Thursday, so that will be November 14th, 2:00 P.M. Eastern Standard Time. Thank you all for your participation and your engagement. We hope this was resourceful and beneficial for you. Please don't hesitate to contact us if

you have any specific questions. With that, have a wonderful rest of your day and thanks for all that you do.

Susan Sumrell:

Thank you.

Mei Wa Kwong:

Thank you.

Susan Sumrell:

Thank you.