

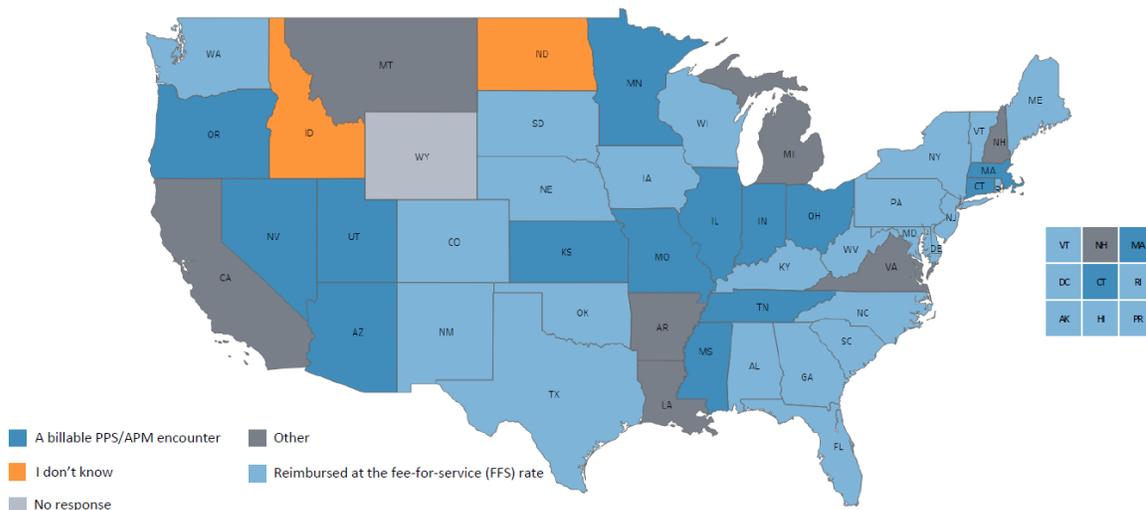
NACHC 2021 PCA Assessment Summary

Each year, NACHC conducts a state policy assessment to collect information on key priority issue areas affecting Federally Qualified Health Centers (FQHCs). In 2021, NACHC partnered with Health Management Associates (HMA) to create and distribute a detailed survey to PCAs outlining a variety of topics; NACHC did not conduct an assessment in 2020 due to factors related to the COVID-19 pandemic. The 2021 PCA Assessment provides a comprehensive overview of primary issues affecting health centers and their patients. NACHC received assessment results from 51 out of 52 PCAs, including 49 states, District of Columbia, and Puerto Rico. *These results are official as of August 2021.*

This year's assessment focused on issues related to the COVID-19 pandemic, telehealth, 340B, Prospective Payment System (PPS), health center billing, and encounters, site certification and Change-in-Scope, managed care payment, and state funding for health centers, among others. The following sections provide an overview of key findings.

COVID-19 Vaccinations

NACHC sought input about each respective state's reimbursement methodology under Medicaid for the administration of the COVID-19 vaccine. A majority, 28 respondents, reported reimbursement at the state's fee-for-service rate, while another 14 respondents stated reimbursement as a billable PPS or Alternative Payment Model (APM) encounter. As designated by the American Rescue Plan Act, states receive 100% Federal Medical Assistance Percentage (FMAP) for administration of the COVID-19 vaccine through the end of the first calendar quarter one year after the end of the public health emergency (PHE).

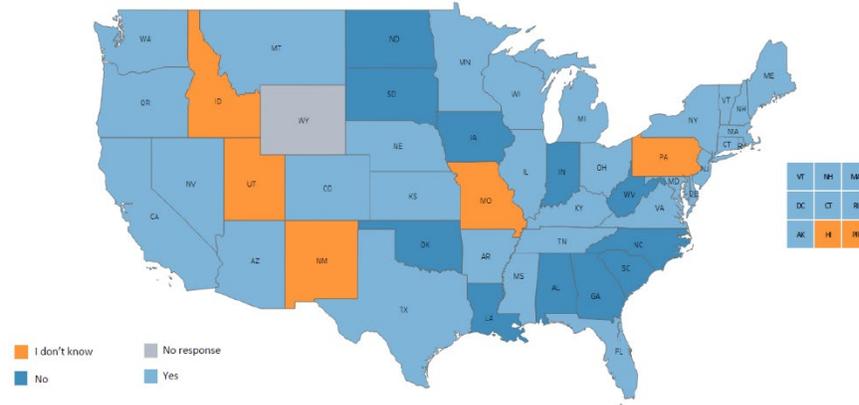


NACHC also asked respondents about reimbursement through Medicaid for COVID-19 mass vaccination sites. Over half of states did not have a reimbursement methodology for mass vaccination sites.

Telehealth Flexibilities

Telehealth has been a lifeline protecting access to care at health centers during the pandemic. A 2021 NACHC survey found that ninety-two percent of health centers reported audio-only telehealth increased patient access.¹

Figure 2.1b: Can FQHCs in your state bill Medicaid for audio-only services after expiration of the public health emergency?



telehealth increased patient access.¹ In December 2021, the Centers for Medicare and Medicaid Services (CMS) provided additional guidance that states have maximum flexibility to make audio-only coverage under Medicaid permanent and receive federal matching funds. NACHC’s assessment asked PCAs whether

states would allow health centers to bill for audio-only services following the end of the PHE. Thirty-three states currently allow for health centers to bill Medicaid for audio-only services after the PHE ends.

Provider Types and Billable Encounters

NACHC sought information on FQHC billable encounters through state Medicaid programs with respect to included services and providers. NACHC specifically asked about different provider types who can generate a billable PPS or APM visit.

	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
Advanced Practice Registered Nurse (APRN)		•	•	•		•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral Health Clinician Who Has Not Yet Attained Licensure						•	•											•		•			•			
Birth Doula																			•							
Certified Addiction Counselors				•			•	•								•		•					•			
Certified Nurse Midwife	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Certified Registered Nurse Anesthetists						•													•	•		•				•
Chiropractor		•		•	•		•			•						•		•				•	•	•	•	•
Clinical Nurse Specialist											•								•	•		•	•	•		
Clinical Pharmacist	•		•	•			•																	•		•
Clinical Psychologist	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Community Health Worker																										
Dentist	•	•		•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Hygienist	•		•	•	•	•		•		•	•		•	•	•	•	•	•		•	•	•	•	•		•
Dental Therapist																						•	•	•		
Licensed Addiction Counselor						•	•	•									•		•	•	•		•			
Licensed Clinical Social Worker	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

State Funding for Health Centers

State funding for health centers is an increasingly important element for health center operations and patient care, especially with rising costs and services associated with the COVID-19 pandemic. NACHC’s 2018 assessment found that over half of states provided direct funding to health centers.

This year's assessment surveyed the different purposes of states' direct funding to health centers. The following were the top three purposes for direct state funding:

- COVID-19 Pandemic
- Uncompensated Care
- Expand Access

Additional purposes for direct funding included outreach and enrollment, health profession training, capital projects, and Medicaid graduate medical education (GME).

Other Surveyed Topics

NACHC surveyed PCAs and collected data on several other issue areas, including the following:

- Medicaid reimbursement for monoclonal antibody treatments
- PPS implementation and APM development
- Same day billing
- Change in scope of practice laws
- Medicare site certification
- Managed care and wraparound payments
- Accountable Care Organizations
- PCA Training and Technical Assistance needs

¹ <https://www.nachc.org/wp-content/uploads/2021/07/Audio-Only-Report-Final.pdf>

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