America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Welcome! Housekeeping

• Today’s meeting is being recorded. The recording will be available within two weeks after the event.

• Looking for the slides? They will be emailed out after the presentation.

• Any tech issues during today’s event, please send us a note in the chat or email trainings@nachc.org

• You will be directed to a survey after the event. Thank you in advance for your feedback!
Share Your Comments!

Enter your comment in the chat box on the right-hand side of your screen.

OR

To ask a question/make a comment verbally, raise your hand so we can unmute you.
  - Please make sure your audio is connected in order to participate.
Q&A Feature

- The Q&A feature is available to ask questions or make comments anytime throughout today’s Office Hour.

- We will answer as many questions as possible.
Telehealth Office Hour: Telehealth Policy Updates

Thursday, January 13, 2022
NACHC supports several user groups for Health Centers that utilize various Electronic Health Record (EHR) platforms. These user groups provide a vehicle for health centers to meet and discuss common issues, share experiences and gain valuable insight on accomplishments and best practices.

**Supported Vendors:**
- athenaOne
- athenaFlow/athenaPractice (formerly Centricity)
- eClinicalWorks
- Greenway Intergy
- NextGen Healthcare
- (Coming Soon) EPIC

**Benefits of joining an EHR User Group:**
- Connect with other Health Centers who use the same EHR platform as you do.
- Discuss issues and enhancements that are most important to Health Centers.
- Groups are led by Health Centers, HCCN’s and PCA staff on a voluntary basis.
- Online forums to exchange ideas, lessons learned and best practices.
- Groups meet both virtually and in-person.
- NACHC provides support via WebEx, conference calls and meeting space at our major conferences.

Questions? E-mail: PStringfield@nachc.org
Today’s Session: Telehealth Policy Updates

Hear from NACHC's Policy Division on what Telehealth policy updates and developments will impact health center operations in 2022.

Presenters:
• Pauline Jamry, Director, Federal Affairs
• Jeremy Crandall, Director, Federal & State Policy
Telehealth Policy Updates

Pauline Jamry
Director, Federal Affairs
NACHC

NACHC Telehealth Office Hour
NACHC Federal Telehealth Policy Priorities

Top Medicare Issues Past the Public Health Emergency

1. Recognize FQHCs as Distant Site Providers and Remove Originating Site Restrictions
2. Pay Parity equal to the PPS Rate
3. Audio-Only Coverage for Telehealth Services
CONNECT for Health Act of 2021 (S. 1512/H.R. 2903)

• Includes provisions to permanently allow FQHCs and Rural Health Clinics the ability to provide telehealth services in Medicare as “distant sites” and be paid equal to the Medicare PPS rate
• Allows any FQHC to receive the telehealth originating site facility fee regardless of location and recognizes a patient’s home as a qualifying originating site
• Includes a Sense of Congress preamble to support audio-only coverage
HEALTH Act of 2021

HEALTH Act (H.R. 4437) Was Introduced by Reps. “GT” Thompson and G.K. Butterfield

- Includes provisions to permanently allow FQHCs and RHCs the ability to provide telehealth services in Medicare as “distant sites” and, effective as of the first day of the HHS public health emergency related to COVID-19, be paid according to the PPS methodology (for FQHCs) or the cost-based system (for RHCs) equal to in person care.
- Allows any FQHC to receive the telehealth originating site facility fee for services provided in any originating site except the patient’s home, regardless of location and recognizes a patient’s home as a qualifying originating site (without an originating site facility fee).
- Allows FQHCs and RHCs to be reimbursed for audio-only visits according to their PPS (for FQHCs) or cost-based (for RHCs) rate.
Protecting Access to Post-COVID-19 Telehealth Act of 2021

Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366) Was Reintroduced by Reps. Thompson, Schweikert, Johnson, Welch, and Matsui

- Includes provisions to permanently allow FQHCs the ability to provide telehealth services in Medicare as “distant sites” and be paid equal to an in-person visit
- Allows any FQHC to receive the telehealth originating site facility fee regardless of location and recognizes a patient’s home as a qualifying originating site
- Studies telehealth, including audio-only
Future of Telehealth Flexibilities

- Congress favors a temporary extension to allow further study of telehealth past the COVID-19 pandemic
- It is possible Congress includes a temporary extension of some or all of the telehealth flexibilities in the upcoming omnibus funding bill
Telehealth Policy Updates

Jeremy Crandall
Director, Federal & State Policy
NACHC
More Updates

- **Medicare Physician Fee Schedule**
  - Mental health visits paid at the same rate they are paid for in-person visits
  - Audio-only permitted when patients are not capable of, or do not consent to, the use of devices that permit a two-way, audio/video interaction
  - Must have in-person mental health services within 6 months prior to the furnishing of the telecommunications service

- **CMS Endorses Medicaid Audio-Only**
  - “This broad flexibility to cover Medicaid services delivered via telehealth, including via audio-only...will continue to be available to states after the end of the COVID-19 PHE.”
  - “If a service is covered within the scope of the FQHC/RHC benefit...[the state must] pay a provider the PPS or APM rate...whether a service is delivered face-to-face or telephonically.”
Questions?

The webinar recording and slides will be emailed to all participants.

Thank You!
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