



Telehealth Policies and Federally Qualified Health Centers

**FQHC
FACT
SHEET**
Fall 2022

With support from the National Association of Community Health Centers (NACHC) through funding from the Health Resources and Services Administration (HRSA), the Fall 2022 Edition of the Center for Connected Health Policy's (CCHP) Telehealth summary report and Policy Finder tool have a new category for each state on federally qualified health centers' (FQHCs) telehealth Medicaid fee-for-service policy. As is the case for Medicaid telehealth policy in general, the manner in which state Medicaid programs address telehealth reimbursement for FQHCs, and therefore enable them to incorporate telehealth into their clinics, varies widely by state.

Methodology

- State Medicaid manuals, administrative codes, and manuals for fee-for-service policies were reviewed between July and early September 2022.
- CCHP only counts states as providing reimbursement if official and explicit Medicaid documentation was found confirming they are reimbursing FQHCs specifically for a certain modality. A broad statement that all providers are reimbursed or any originating site is eligible without an explicit reference to FQHCs was insufficient.
- COVID-19 emergency policies are not included in CCHP's reporting. Only permanent policies are accounted for.
- A state Medicaid program was counted as reimbursing FQHCs even if they do so in a very limited way, such as only for mental health.

Key Findings

Definition of Encounter/Visit & Same Day Encounters

The majority of Medicaid programs do provide a definition for a FQHC 'encounter' or 'visit' that stipulates that it is a face-to-face interaction. This does not necessarily preclude use of telehealth, as live video can also be considered 'face-to-face'. In fact, some Medicaid programs do specify in their definition of an encounter/visit that a telehealth would qualify as a visit.

EXAMPLE:

OREGON is a rare example of a state that defines an encounter as face-to-face, which includes a two-way audiovisual link, OR telephone contact under specific circumstances.

CALIFORNIA'S definition of a visit also includes audio-only synchronous interaction as well as asynchronous store-and-forward for certain FQHC providers.

Note that the cases of Oregon and California are rare, and most states limit their definitions to either to live video telehealth or don't explicitly reference telehealth modalities at all.

Fqhc Policy Procedure Manual

SA Adler



Fqhc Policy Procedure Manual:

Community and Nurse-Managed Health Centers Donna L. Torrissi, 2005-06-03 Designated a Doody's Core Title Winner of an AJN Book of the Year Award A National Nursing Centers Consortium Guide This book provides a step by step guide to starting and sustaining a community health center with an emphasis on nurse managed centers The authors share their firsthand knowledge with readers including information on developing a mission statement pulling together an advisory board writing a business plan and getting funding The process for obtaining Federally Qualified Health Center Status and thus federal funding is described Of great value is the book's Appendix which provides very useful examples They include sample bylaws a full policy and procedure manual physician and nurse practitioner collaborative agreements job descriptions a contract with a local agency and outcome and assessment guidelines Donna Torrissi is the founder of The Family Practice and Counseling Network in Philadelphia which provides primary health services to public housing residents Tine Hansen Turton is the Executive Director of the National Nursing Centers Consortium For Further Information Please Click Here

Department of Health Care Policy and Financing ... Reference Manual, 1998 *Oregon Administrative Rules*, 2001 *Idaho Administrative Code*, 2002 **Compliance for Coding, Billing & Reimbursement, 2nd Edition** Duane C. Abbey, 2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA's rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications Compliance for Coding Billing Reimbursement Second Edition A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding billing and reimbursement CBR processes that seem to force providers to choose between being paid and being compliant Fully revised to account for recent changes and evolving terminology this unique and accessible resource covers statutorily based programs and contract based relationships as well as ways to efficiently handle those situations that do not involve formal relationships Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops Duane Abbey offers a logical approach to CBR compliance Designed to facilitate efficient reimbursements that don't run afoul of laws and regulations this resource Addresses the seven key elements promulgated by the OIG for any compliance program Discusses numerous types of compliance issues for all type of healthcare providers Offers access to online resources that provide continually updated information Cuts through the morass of terminology and acronyms with a comprehensive glossary Includes a CD ROM packed with regulations and information In addition to offering salient information illustrated by case studies Dr Abbey provides healthcare providers and administrators as well as consultants and attorneys with the mindset and

attitude required to meet this very real challenge with savvy humor and perseverance *Federal Register*, 2014

Louisiana Register, 1992 **Implementation mapping for selecting, adapting and developing implementation strategies** Maria E. Fernandez, Byron J. Powell, Gill Ten Hoor, 2023-11-07 **The Oklahoma Register**, 1995 *Managed Care Manual*, 1999 *General Report of the Legislative Council to the Legislature* Wisconsin. Legislature. Legislative Council, 1992 **Hcpcs 2006** American Medical Association, American Medical Association Staff, 2005 **Legislation on American Indian Health** David L. Lovell, 1992 *HCFA Common Procedure Coding System*, 1993 *New Jersey Register*, 2011 Health Care in the United States Howard P. Greenwald, 2022-04-26 A one stop resource covering American health care and the challenges it faces In the newly revised Second Edition of *Health Care in the United States* Organization Management and Policy distinguished health and organizational researcher Dr Howard P Greenwald delivers a comprehensive exploration of the US health care system and the challenges its practitioners professionals and consumers face From organization to management financing and evaluation this book discusses the critical concepts trends and features of this sprawling set of interlocking systems It also examines the historical origins of modern health care and how it delivers services to over 300 million Americans Readers will discover Modern controversies in American health care that animate political debate and discussion including the Affordable Care Act Discussions of the health care labor force as well as its history background and crucial challenges Possible future directions for US health care including preventive medicine new policy initiatives and proposals for reform Written for students and professionals working in or studying health care management health policy public health medical sociology or anthropology social work or political science this latest edition of *Health Care in the United States* is also a fascinating read for members of the general public curious about one of the most important services they ll ever interact with **Mosby's Medical Dictionary - E-Book** Mosby, 2012-11-15 So much more than just a bestselling dictionary Mosby s Medical Dictionary 9th Edition is a one stop reference to help you make sense of the complex world of health care It features over 56 000 authoritative definitions quick reference appendixes a color atlas of the human body and more than 2 450 full color illustrations nearly three times more than any other dictionary available making it an indispensable reference for health care consumers and professionals alike UNIQUE More than 2 450 color photographs and line drawings demonstrate and explain complex conditions and abstract concepts Over 56 000 comprehensive authoritative high quality definitions include expanded definitions for selected entries particularly major diseases disorders and procedures A Color Atlas of Human Anatomy contains 43 pages of clearly labeled drawings for easy A P review and reference Quick reference appendixes offer quick access to useful reference information such as commonly used abbreviations language translation guides American sign language and more A strict common sense alphabetical organization with no subentries makes it easy to find key terms and definitions NEW Over 300 new and updated illustrations visually clarify key definitions and reflect current health care practice and equipment NEW Approximately 11 000 new and

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