RHC Billing and Telehealth:

Beyond the Public Health Emergency

Many of us are rightly concerned about what the future looks like for RHCs and Telehealth once the Public Health Emergency terminates. Surely, we all look forward to that day!! The Public Health Emergency (PHE) was extended, effective 10/23/2020, for another 90 days. This extension preserves RHC as Distant Site, G2025 at $92.03 (for better or worse!), 1135 location waivers, and telephone-only encounters via telehealth. The current PHE extension will terminate 1/23/2021.

The question is: what goes away when the Public Health Emergency does? What among the RHC Telehealth billing changes will be preserved if the PHE ends tomorrow? The answer right now is all of it foes away. None of these advances at the federal level have been preserved. There have been no federal legislative or policy changes to preserve RHC as distant site or telephone encounters.

Worse, RHCs are not truly being reimbursed at $92.03 for G2025 Telehealth Encounters. MACs have implemented a payment formula which subtracts patient co-insurance from the Medicare payment. This results in G2025 payment of approximately $56.00. In the author's view, this is not how we understood it would work. CMS has recently stated this will not be reviewed. CMS believes this is working as intended.

Many states have already changed to permanent the ability to bill telehealth encounters and be paid the RHC encounter rate for them. Among these states are Illinois, Indiana, Kentucky, and Louisiana. Those are the states that have made these changes, of which the author is aware, as of this writing. Surely others have followed suit. The bottom line is we have work to do. The best outcome is to achieve a legislative remedy that raises the existing RHC cap, recognizes RHCs as Distant Site providers, implements paying the All-Inclusive Rate for Telehealth Visits, includes telehealth visits in the productivity denominator, and allows telephone only visits in some capacity. Legislators and policy makers are leery of the long-term implications of more telehealth.

One recent study of a remote, hilly, central Missouri county found 50% of students did not have access to the internet or smart phones at home. Even those that do, connectivity is unreliable. If the students are unable to connect, we can be certain their Medicare-aged grandparents cannot either. This is the reason why these changes are so important. Our mission as RHCs is to increase access to care. Telehealth implementation is clearly an important tool for our ability to do so.

It is imperative that all RHCs reach out to their legislators, both state and federal, to argue for what we need. They DO listen. If we all join together with one voice, we can accomplish these changes. Please make your voice heard.

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