RHC Telehealth Payments

NRHA Factsheet and Talking Points

Medicare Telehealth Payments

Rural Health Clinics (RHCs) usually receive reimbursement for telehealth services through billing code G2025 and are paid the current rate based upon the average amount for all Medicare Physician Fee Schedule (MPFS) telehealth services. CMS has taken steps towards retaining access to telehealth services through continual extension of Medicare telehealth flexibilities. Recent policy updates from CMS has allowed for the continual payment to RHCs for telehealth visits, whether or not Congress extends telehealth flexibilities.

Impact on Rural

Rural patients face unique challenges in accessing both in-person and audio-video services, creating inequities in care. Rural patients, on average, travel further to access health care than their non-rural counterparts. This disincentivizes rural residents from seeking care if they do not have the ability or resources for travel. Broadband infrastructure is also lacking in rural areas and computer and smartphone ownership is also lower. Rural beneficiaries should not be forced to travel longer distances to access care since they do not have the same access to technology as urban and suburban areas. Rural residents have benefited greatly from expanded telehealth during and after the Public Health Emergency (PHE) and consequently will suffer if such flexibilities are removed.

Since Medicare telehealth flexibilities have been implemented, rural beneficiaries' usage has been lower than urban beneficiaries. One element of this disparity may be that some rural providers, like RHCs, have not been able to support telehealth services because of the added costs associated with furnishing them. Prior to the PHE and the subsequent extensions of telehealth flexibilities, many RHCs and FQHCs did not provide telehealth services because they could not serve as distant site providers and billing for the originating site facility fee was challenging and an administrative burden compared to the payout. Therefore, many RHCs and FQHCs have only just begun to integrate telehealth into their clinic since the PHE, increasing telehealth opportunities.

However, even with the onset of the PHE and associated telehealth expansion, RHCs note that payment is not sufficient to start up or continue telehealth services long-term. Further, some RHCs have been hesitant to make investment in telehealth infrastructure and technology given the uncertainty of their distant site status.

NRHA members have found that costs to provide telehealth visits are similar to or the same as in-person, including staffing costs, a system or platform for the telehealth visits, space for the provider to meet virtually with the patient, and all overhead costs associated with the brick-and-mortar clinic. As such, payment parity is paramount to help RHCs and FQHCs make the necessary investments in telehealth to expand access to care.

NRHA Stance

NRHA supports Congress continuing to pay RHCs and FQHCs for telehealth visits whether or not Congress extends telehealth flexibilities. This would help support RHC and FQHC telehealth visits to ensure rural beneficiaries retain access to care. NRHA also supports payment parity for telehealth visits at RHCs and FQHCs through amendment of the definition of a "visit" to include telehealth.