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MEMORANDUM

MEMO NO.

QI-2007

FFS 20-03

TO: QUEST Integration (QI) Health Plans
Federally Qualified Health Centers (FQHCs)

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: TELE-HEALTH PAYMENT GUIDANCE FOR FEDERALLY QUALIFIED HEALTH CENTERS
(FQHC)

This memorandum updates QI-1702/FFS 17-01A that was issued on May 2, 2017 that provided information on the Tele-Health Law (Act 225, SLH 2016). Specifically, this memorandum provides additional guidance on Hawaii Medicaid policy regarding Prospective Payment System (PPS) payments for tele-health services.

“Tele-health” means the use of telecommunication services to transmit patient health information for interpretation and diagnosis while a patient is at an originating site and the health care provider is at a distant site. It is an enabling technology intended to facilitate access for patients who would otherwise not receive services without the provider being physically present.

Keep in mind that Medicaid services that are provided through tele-health must be for services that are approved within the scope of the specific FQHC’s PPS reimbursement rate.

Eligible Providers

Providers who are eligible to bill for Hawaii Medicaid services are also eligible providers who can bill for tele-health. Please refer to Hawaii Provider Manual Chapter 21 (21.2.1) for the list of providers who may provide PPS services.

Eligible Sites

The criteria for sites eligible to receive PPS payment is the same regardless whether or not tele-health is utilized. The services must be provided at a HRSA approved site or satellite. 5C (Other Activities/Locations) sites are not eligible to receive PPS reimbursement in Hawaii and therefore are not eligible to receive PPS for tele-health services.

The spoke site (originating site) is the location where the patient is located whether accompanied or not by a health care provider through tele-health. The originating site includes a patient's residence.

The hub (distant site) is the location of the Medicaid eligible health care provider that delivers Medicaid eligible services through tele-health.

Eligible Codes

The eligible codes for reimbursement will remain consistent with Memo QI-1702A and FFS 19-01 specific for dental services. To properly identify tele-health services, the modifiers identified in QI-1702A/FFS 17-01A and FFS 19-01 must always be used when billing CPT, HCPCS or CDT codes for tele-health services.

All eligible codes shall meet the same edits (frequency and limitations) for Hawaii Medicaid.

Service Date

For tele-health dental claims, please follow instructions provided in Provider Memo FFS 19-01.

PPS Payment Scenarios

PPS will be paid as follows:

- When the patient is at the spoke/originating site, that is a FQHC (or their residence), and the provider of FQHC services is at the hub/distant site where the service is performed, which is also a FQHC, the hub/distant site will be paid **PPS**.
- When the patient is at the spoke/originating site that is not a FQHC (and not their residence) and the provider of services is at the hub/distant where the service is performed, which is a FQHC, the hub/distant site will be paid **FFS**.

- If PPS eligible services are performed at a FQHC spoke/originating site and services are provided by a Medicaid provider contracted by the FQHC at a non-FQHC site, the spoke/originating site gets **PPS** and shall compensate the contracted provider for the services that were performed.
- When a spoke or originating site is solely used to facilitate tele-health, payment for the facilitation shall not exceed the published Medicare rate for transmission services for spoke sites.

We hope the guidelines above will provide clarity on PPS vs. FFS payment for services provided by a FQHC. Should you have questions please contact Leslie K. Tawata, Clinical Standards Office Administrator, via email at ltawata@dhs.hawaii.gov.