

PFS telehealth payment logic

- (A) DISTANT SITE.—The Secretary shall pay to a physician or practitioner located at a distant site that furnishes a telehealth service to an eligible telehealth individual an amount equal to the amount that such physician or practitioner would have been paid under this title had such service been furnished without the use of a telecommunications system.



RHC telehealth payment logic

- Take the average of 190+ different CPT codes used in a different payment methodology to create a single payment rate.



What is bad about the current telehealth policy?

- Payment for most RHCs and will be below what they would make in person
 - Disincentivizes telehealth in PB RHCs
- Time/cost associated with telehealth does not count for the RHC's cost report
- Claims data is inaccurate



What is nice about the current telehealth policy?

- Audio-only visits will now be paid \$92.03
- Independent RHCs make more on telehealth than they do in person
- Clinicians that are not considered RHC practitioners can bill through the RHC telehealth distant site benefit



Potential Legislative Solution

- Phase 4 push
- Raise cap to \$92.03
- Pay RHCs/FQHCs their normal rate for telehealth visits

- Introduction looking to be next week
- Please advocate for this legislation when it is out