

Letter to Senators and Senate staffers:

Dear XXXXX

First, thank you for sacrificing your Spring Break to work the COVID-19 pandemic global crisis.

I wanted to express our frustration with the treatment of rural health clinics regarding Medicare Telehealth benefits for Rural Health Clinics (RHCs). RHCs are on the front lines of providing healthcare for a deadly disease with no known cure in rural, underserved areas throughout the country.

While the National State of Emergency and the 1135 waivers are extremely helpful to our healthcare providers in general, the waiver means almost nothing to RHCs from a Medicare reimbursement standpoint until the telehealth restrictions that only allow RHCs and FQHC to be paid as an "originating site" are lifted.

Here is the language from Chapter 13 of the Medicare Benefit Policy Manual.

"RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by an RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12."

Source: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

I am asking that the Senate bill includes something authorizing distant site telehealth consultations for rural health clinics to allow us to safely and effectively treat our patients through the various telehealth platforms that are currently not allowable for payment to RHCs and FQHCs.

The current state of Telehealth rules (RHCs have been around since 1977) for RHCs is like trying to play an 8-track tape on an iPhone. They just do not work for RHCs and now they endanger the lives of providers, patients, and others needlessly. And while yes RHCs could pay for the Telehealth platforms and provide the service for no charge

(while disallowing it on their cost report as non-allowable) it is hard to financially do that when independent RHC reimbursement is capped by Medicare at \$86.31 per visit or approximately \$30 less than the actual cost of providing a Medicare visit already.

So, please do consider this in the Senate bill on COVID-19 this week. It is something that will save lives in rural areas that are serviced by RHCs as well as urban areas with Federally Qualified Health Centers (FQHC).

Thank you for your hard work during this difficult time. If you would like to reach out to discuss this matter, my contact information is in the footer below.

Best regards