Rural Health Clinic/Federally Qualified Health Center
Distant Site Requirements for Telehealth Services

Policy: It is the policy of [Organization name here] to ensure distant site requirements for telehealth services supports safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.

Purpose: To explain the distant site requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.

Scope: This document is applicable for rural health clinics and federally qualified health centers (RHC/FQHC), in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

*Temporary PHE Guidance**

"CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) for the duration of the PHE"

"During the public health emergency, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may serve as distant telehealth sites and provide telehealth services to patients in their homes."

"RHCs and FQHCs can provide visiting nursing services to a beneficiary's home with fewer requirements, making it easier for homebound beneficiaries to receive care."

For further reading: https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

"Practitioners can furnish telehealth services from any distant site location, including their home, during the time that they are working for the RHC or FQHC, and can furnish any telehealth service that is included on the list of Medicare telehealth services under the Physician Fee Schedule (PFS), including those that are added on an interim basis during the PHE."

"Telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice."

For further reading: https://www.cms.gov/files/document/covid-rural-health-clinics.pdf

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*Temporary guidance related to Public Health Emergency (PHE)

*Temporary PHE Guidance**

"CMS is waiving the requirement in the second sentence of 42 CFR §491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC and FQHC operates. CMS is not waiving the first sentence of §491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates."

"We are modifying the requirement at 42 C.F.R. 491.8(b)(1) that physicians must provide medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law. The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff."

"CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) for the duration of the PHE."

For further reading: https://www.cms.gov/files/document/covid-rural-health-clinics.pdf

Procedures:

I. Population and Services for a Virtual-Type Visit.

A. Providers are expected to use their clinical judgement to identify patients for telehealth services.
B. Distant sites should integrate telehealth services alongside face-to-face clinical activities.
C. Examination rooms used for virtual-type visits should be in close proximity to the clinical staff.
D. For patients in need of emergency care, the same emergency procedures should apply that were in place prior to offering telehealth services.
E. For patients in need of referrals, the same procedures apply that were in place prior to offering telehealth services.
F. The Distant Site should identify the telehealth service(s) to be provided, such as Medicare telehealth visits, virtual check-ins, and e-visits.

II. Preparation to be Completed for a Telehealth Visit at the Distant Site.

*Temporary PHE Guidance**

"CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health."

"CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry."

"In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence."

For further reading: https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf
https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

A. Complete appropriate preparation prior to a virtual-type visit.
   1. Scheduling the visit should follow "normal" clinic procedures as much as possible.
      a) For those visits requiring direct supervision (team-based or incident to visits), the supervising provider's schedule should reflect the telehealth visit.
      https://static1.squarespace.com/static/5e7a1f8890664f18b1bf2112/t/5e7e5bc779950130734d17dc/1585339351065/4P+Quick+Start+Tutorial+-+Primary+Care.pdf
   2. Connectivity with the originating site, such as a stable internet and appropriate technology to participate in the visit, should be ensured. **(Refer to RHC/FQHC Technology policy)**
   3. The provider's schedule should allow extra time to complete office work and get to the telehealth site if the visit is in a different location.
   4. The insurance/Medicare status for each patient must be checked.
   5. Identify and consider how the patient will complete the intake questionnaires/consent required by provider/clinic. Various options may be considered.

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a) Mail the forms to the patient to complete in advance.
b) The patient portal may be used for those patients who prefer this method of communication.
c) Community health workers/home visits can be used to submit the forms in person.
d) The forms can be emailed (encrypted) to the patient.

B. Complete appropriate preparation the day before a virtual-type visit.
1. Ensure that any intake questionnaires/consent are obtained from the patient.
2. Collect local non-emergency numbers for fire, police, and patient contacts.
3. Ensure connectivity with the patient can be established by performing either a virtual test visit or a home visit set-up.

C. Complete appropriate actions the day of the virtual-type visit.
1. The originating site of the patient must be identified prior to the visit. **(Refer to RHC/FQHC Originating Site policy)**
2. Register the patient for the visit into the EHR and select the appropriate templates for the visit.
3. Ensure all necessary technology is available and working. **(Refer to RHC/FQHC Technology policy)**
4. Consider using an opening script when first connecting with the patient (resembles conversation when rooming a patient in the office).
5. Confirm the patient's identity and location at the outset of every encounter.
6. Ensure the patient is in a secure and appropriate setting.
    a) Agree to wait until the patient is appropriately situated before beginning the visit.
    b) If the setting is inappropriate or unable to be secured, ask to reschedule for a better time.
    c) For any insecure or inappropriate setting, perform a brief check-in and plan for follow-up.
7. Prepare to discuss consent for telehealth services with the patient. **(Refer to RHC/FQHC Consent policy)**
8. Prepare the patient for the examination, as needed.
    a) Assess the patient's clothing and have the patient put on a gown, as needed.
    b) Position the patient for the best viewing of the patient and patient's condition.
    c) Perform the assessment specific to presenting problem.
9. If at any time during the visit the patient is in an emergency situation, action must be immediately taken.
    a) Work to transfer care to the appropriate onsite responders and/or caregivers.

b) Maintain continuous contact with the patient until care is transferred to the appropriate onsite responders and/or caregivers.
c) Document the event and the transfer of care.
d) Create any mandated reports.

D. Complete appropriate actions following the virtual-type visit.
1. Provide the patient with any discharge instructions.
2. Refer the patient to the appropriate staff (video link or phone number) for check-out and follow-up.
a) Ensure the patient receives any written discharge instructions and/or visit summary.
b) Ask the patient how they would like to receive their discharge instructions and/or visit summary and explain to them the various options to receive the information.
i. Mail may be used to send the discharge instructions and/or the visit summary to the patient.
ii. The patient portal may be used to deliver the discharge instructions and/or visit summary for those patients who prefer this method.
iii. Community health workers/home visits may be used to provide the discharge instructions and/or visit summary.
iv. The discharge instructions and/or visit summary can be emailed to the patient (encrypted).
c) Document the disposition, any referrals, and plans in the medical record per normal procedure.
d) Schedule any follow-up appointments or additional testing as needed.

III. Documentation Requirements
(Refer to RHC/FQHC Documentation policy)

IV. Billing and Reimbursement
(Refer to RHC/FQHC Billing policy)

V. Knowledge and Skills for Clinic Personnel
(Refer to RHC/FQHC Knowledge and Skills policy)

VI. Patient Education and Support
(Refer to RHC/FQHC Originating Site and Technology policies)

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