DHCS will open for public comment mid-October with a goal of submitting language to CMS on November 1st. CPCA to submit comments to DHCS by October 10th. Comments from members are due COB October 5th.

Q. FQHC and RHC Services Provided Offsite (Outside the Four Walls of the Facility)

1. Definitions –

   a. "Four walls" refers to an enrolled FQHC's and RHC's business address/es as listed on its Medi-Cal Provider Application.

   b. "Established patient" is a Medi-Cal eligible beneficiary when any of the following conditions are met:
      i. The patient has an established medical record with the FQHC or RHC that was created or updated during a visit that occurred within the four walls of the FQHC or RHC and met the requirements of paragraph C. The medical record must have been created or updated within three years of the date the FQHC or RHC renders services outside the four walls.
      ii. If the patient is a beneficiary of a managed care plan assigned to the FQHC or RHC pursuant to a written agreement.

   c. "Homebound patient" is a patient confined to their home due to illness or injury, and if ambulatory or otherwise mobile, is unable to be absent from their home except for periods of relatively short duration; e.g. for a walk prescribed as therapeutic exercise.

   d. "Homeless" patients shall include all individuals who do not reside in a permanent dwelling, who do not have a fixed home or mailing address.

   e. "Residence"
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   f. "Contracted Dental Provider"

   g. "Originating Site" is where the patient is located at the time health care services are provided via a telecommunications system, or where the asynchronous store and forward service originates.

   h. "Distant Site" is where the health care provider is located while providing services via a telecommunication system.

   i. "Telehealth services" are the exchange of medical information from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time (delays in seconds or minutes), interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health.

2. FQHC and RHC services shall be rendered within the four walls of the clinic by or under the direction of a physician or dentist. An FQHC or RHC is not entitled to be reimbursed at its PPS rate for services rendered at a location outside of the four walls; unless the services are provided according to the exceptions in Q.3 and the following conditions are met:

    a. The documentation standards for services rendered shall remain the same regardless of whether or not the patient is within the four walls.

    b. If the patient is assigned to a managed care plan, the FQHC or RHC must properly bill the managed care plan first for the services.

    c. The FQHC or RHC must maintain written policies that describe all the patient services that it will be furnishing outside the four walls and the circumstances for which the services will be rendered.

    d. Any FQHC services that are rendered outside the four walls of the FQHC must be included as part of the FQHC's approved scope of project in accordance with the Health Resources and Services Administration's (HRSA) policy for an approved scope of project, prior to receiving reimbursement for services rendered at these locations.

3. Exceptions:

    a. Homebound Services rendered to FQHC or RHC Homebound patients.

        The FQHC or RHC may provide services outside the four walls of the FQHC or RHC and bill at the PPS rate for FQHC or RHC, if the patient is unable to travel to the FQHC or RHC due to the patient's medical condition or is a Homebound patient. The services provided to the patient must be temporary or intermittent. The FQHC or RHC must maintain documentation demonstrating that the person is Homebound and unable to travel due to a medical condition. In order to qualify for this exception, the following requirements must be met:

        i. The visit must be at the patient's residence. For RHCs, a patient's residence is the only location outside the four walls of an RHC that is eligible for visits to be reimbursed at the RHC's PPS rate.

        ii. All services provided must be services that meet the requirements of paragraph C.

        iii. The person rendering the service must (1) be a health care professional who meets the requirements of paragraph C.2. and (2) be employed or under contract with the FQHC or RHC at the time the services are rendered.

        iv. If the Homebound patient is a member of a managed care plan, the health care professional must be properly licensed and credentialed with the appropriate managed care plan.

v. The Homebound patient must be an Established Patient of the FQHC or RHC.

vi. Services must be rendered within the FQHC's Health Resources and Services Administration's (HRSA) approved service area.

b) Clinic services provided to FQHC patients in the hospital.

An FQHC or RHC may bill for services rendered to a hospitalized patient at its PPS rate, so as long as, all of the following requirements are met:

i. The person rendering the service is an employee or contractor of an FQHC or RHC.

ii. The hospitalized patient must be an Established Patient of the FQHC and RHC.

iii. If a mother meets the definition of an established patient the newborn patient meets the definition of an Established Patient.

iv. Services must be rendered within the FQHC's Health Resources and Services Administration's (HRSA) approved service area.

v. If the beneficiary is a member of a managed care plan, the health care professional must be properly licensed and credentialed with the appropriate managed care plan.

c) Dental Services rendered to FQHC patients by a Contracted Dental Provider

An RHC is ineligible to receive reimbursement at the PPS rate for dental services rendered outside of the RHC's four walls of the RHC by a contracted dental provider.

An FQHC may receive reimbursement at the PPS rate for any dental services rendered outside the four walls of the FQHC, provided that, all of the following requirements are met:

i. The FQHC must contract with a dentist to provide dental services outside of the four walls to established patients of the FQHC. If an FQHC chain organization includes multiple FQHCs that refer their patients to the same private dental provider, the contract between the FQHC chain organization and the private dental provider must include the specific service location(s) that will refer patients to the private dental providers.

ii. The contracted dental provider cannot bill Medi-Cal separately for the same services that were billed by the FQHC at the PPS rate.

iii. If the beneficiary is a member of a managed care plan, the contracted dental

provider must be properly licensed and credentialed with the appropriate managed care plan.

iv. The dental services provided must be in accordance with The California State Plan, Limitations on Attachment 3.1A and Limitations on Attachment 3.1B, page 3E, and pursuant to the Medi-Cal Dental Program Provider Handbook.

v. Services must be rendered within the FQHC's HRSA approved service area or any county adjacent to the approved HRSA service area.

vi. The patients seen at the private dental provider's location must be an Established Patients of the FQHC. The FQHC must also refer its patients to the contracted dental provider, and document the reason for the initial referral.

vii. The contractual relationship with the dentist cannot result in the FQHC becoming a billing agent for the private dental provider. This precludes the FQHC from billing the PPS rate for any patients receiving treatment at the dental practice who are not established patients of the FQHC and who are not referred to the dental practice by the FQHC.

viii. FQHC chain organizations can receive reimbursement at the PPS rate for the contracted dental services at the PPS rate of the FQHC site that referred the patient to the private dental provider.

d) Telehealth Services

The services rendered at an originating site are not considered telehealth services and are reimbursed according to the requirements of Section C. An FQHC or RHC cannot receive reimbursement at the PPS rate for telehealth services unless all of the following requirements are met:

i. The telehealth communication system must allow the provider at a distant site to visualize directly the patient's condition without the interposition of a third person's judgment. This is not applicable for tele-ophthalmology, tele-dermatology, and tele-dentistry that is eligible to receive reimbursement at the PPS rate for Store and Forward services.

ii. In-person contact between a health care provider and a patient is not required for services provided through telehealth. The type of setting where telehealth services are provided for the patient or by the health care provider is not limited. Telehealth services do not include telephone calls, emails, or facsimile transmissions.

iii. When the originating site and the distant site are FQHCs or RHCs that are part of the same organization, only one site may bill for the visit, even if a billable provider participates at each location

iv. When the originating site is an FQHC or RHC, and the distant site is not an FQHC or RHC, the following requirements must be met for the FQHC or RHC to be reimbursed at the PPS rate:

a. Only one visit can be reimbursed at the PPS rate regardless of the services rendered at the originating site.
b. The FQHC or RHC must have an arrangement or agreement with the distant site to furnish the telehealth services.
c. The originating site must compensate the distant site for the telehealth services furnished to its patients.
d. The distant site does not bill for the telehealth services outside the PPS rate.

v. When the originating site and the distant site are both FQHCs or RHCs that are not part of the same organization, the following requirements must be met before the services rendered at the distant site can be reimbursed at the PPS rate:

a. The originating FQHC or RHC site must have an arrangement or agreement for the FQHC or RHC distant site to furnish the telehealth services.
b. The originating site does not compensate the distant site for the telehealth services rendered.

vi. When the originating site and the distant site are both FQHCs or RHCs that are not part of the same organization, the following requirements must be met before the services rendered at both sites to be reimbursed at their respective PPS rate:

a. The originating FQHC or RHC site must have an arrangement or agreement for the FQHC or RHC distant site to furnish the telehealth services.
b. It must be medically necessary to have a billable provider at both sites.
c. The originating site does not compensate the distant site for the telehealth services rendered.

vii. The health care provider at the originating site must first obtain consent from the patient prior to providing service via telehealth and shall document consent in the patient's medical record, including the following:

a. A description of the risks, benefits and consequences of telehealth services.
b. The patient retains the right to withdraw at any time
c. All existing confidentiality protections apply
d. A patient has access to all transmitted medical information
e. No dissemination of any patient information to other entities without

further consent

viii. All telehealth services must be as defined in paragraph C.

ix. The FQHC or RHC must maintain the patient's medical records and document that the services rendered were medically necessary, similar to what is required to obtain an approved TAR.

x. All medical information transmitted during the delivery of health care via telemedicine must become part of the patient's medical record and maintained by both the originating and distant sites.

xi. Telehealth services provided at a distant site must be performed by a licensed health care provider.

e) Store and Forward Telehealth Services

An interactive telecommunications system is not required for store and forward services rendered at an FQHC or RHC. Face-to-face contact between a health care provider and a patient for tele-ophthalmology, tele-dermatology, and tele-dentistry by store and forward are not required. For purposes of this section, "tele-ophthalmology, tele-dermatology, and tele-dentistry by store and forward" means an asynchronous transmission of medical or dental information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology or, for tele-ophthalmology, by an optometrist who is licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, or a dentist, where the physician, optometrist, or dentist at the distant site reviews the medical or dental information without the patient being present in real time.

An FQHC or RHC cannot receive reimbursement for visits at the PPS rate for any tele-ophthalmology, tele-dermatology, and tele-dentistry store and forward services unless all of the following requirements are met:

i. A patient receiving tele-ophthalmology, tele-dermatology, or tele-dentistry by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician, optometrist, or dentist and shall receive an interactive communication with the distant specialist physician, optometrist, or dentist, upon request. If requested, communication with the distant specialist physician, optometrist, or dentist may occur either at the time of the consultation, or within 30 days of the patient's notification of the results of the consultation.

ii. The health care provider shall comply with the informed consent provision of Section 2290.5 of the Business and Professions Code when a patient receives tele-ophthalmology and tele-dermatology by store and forward.

iii. Only one visit is eligible to be reimbursed at the PPS rate when an RHC or FQHC is a distant site, even if the services provided at the distant site are on a

different day than the services rendered at the originating site. Regardless of the relationship between the originating site and distant site, only the originating site can bill one visit for the services. Under no circumstances can two visits be billed for store and forward telehealth services.

iv. When the originating site is an FQHC or RHC, and the distant site is not an FQHC or RHC, the following requirements must be met for the FQHC or RHC to be reimbursed at the PPS rate:
   a. Only one visit can be reimbursed at the PPS rate regardless of the services rendered at the originating site.
   b. The FQHC or RHC must have an arrangement or agreement with the distant site to furnish the telehealth services.
   c. The originating site must compensate the distant site for the telehealth services furnished to its patients.
   d. The distant site does not bill for the telehealth services outside the PPS rate.

v. When the originating site and the distant site are FQHCs or RHCs that are part of the same organization, only one site may bill for the visit.

vi. The images must be specific to the patient's condition and adequate to support any subsequent treatment provided as a result of the physician's review of the image.

vii. Tele-ophthalmology and tele-dermatology by store and forward must be rendered by a physician who has completed training in an Accreditation Council for Graduate Medical Education (ACGME)-approved residency in ophthalmology or dermatology respectively.

f) Services to the Homeless

An FQHC or RHC cannot receive reimbursement for a visit at the PPS rate for any FQHC or RHC services rendered to Homeless patients outside the physical address of the FQHC or RHC unless all of the following requirements are met:

i. Reimbursement for visits at the PPS rate for services rendered to the homeless is only eligible for individuals who meet one of the following conditions stated below:

   a. An individual for which a medical record has been established that documents services rendered either inside or outside the four walls of the FQHC or RHC, including individuals for which the first encounter or other treatment by the FQHC or RHC occurs outside the four walls within service area.

   b. If the patient is a beneficiary of a managed care plan assigned to the FQHC or RHC pursuant to a written agreement.

ii. Services must be rendered within the FQHC's Health Resources and Services

Administration's (HRSA) approved service area.

iii. All services provided to the homeless must be as defined in paragraph C.

iv. The services provided to the homeless must be rendered by a health professional referenced in paragraph C.2 who is employed or under contract with the RHC or FQHC at the time the services are furnished.

v. Only medically necessary services provided to the homeless are covered and the FQHC or RHC must maintain the patient's medical records and document that the services rendered were medically necessary, similar to what is required to obtain an approved Treatment Authorization Request (TAR).

vi. Any FQHC or RHC employee or contractor rendering services to the homeless must be properly credentialed with the appropriate Medi-Cal managed care plans before the services will be reimbursed at the PPS rate.

R. Mobile Units and Intermittent Clinics

Visits occurring at an intermittent clinic site, as defined in subdivision (h) of Section 1206 of the Health and Safety Code, of an existing FQHC or RHC, or in a mobile unit as defined by paragraph (2) of subdivision (b) of Section 1765.105 of the Health and Safety Code, shall be billed by and reimbursed at the same rate as the FQHC or RHC establishing the intermittent clinic site or the mobile unit.

(a) RHCs are prohibited from establishing intermittent service sites that are exempt from licensure and receiving reimbursement at the PPS rate.

(b) For a licensed FQHC to establish an intermittent clinic site, the address of the intermittent clinic must be included on the establishing FQHC's license issued by the licensing entity. This requirement is not applicable for clinics that are exempt from licensure.

(c) An FQHC that establishes or affiliates with an intermittent service site exempt from licensure and/or a mobile unit, must notify DHCS in accordance with all applicable state regulations and statutes of the separate intermittent clinic location and/or mobile unit, prior to receiving reimbursement at the PPS.

(d) When an FQHC chain organization has multiple FQHCs, the FQHC that affiliates with the intermittent service site, must be the FQHC that is in closest proximity to the intermittent service site. When an FQHC or RHC organization has multiple FQHCs or RHCs, the following circumstances must be used to determine the FQHC or RHC that established the mobile unit:

(i) The service area of the mobile unit
(ii) The scope of service of the mobile unit
(iii) Supervisory and administrative oversight of the mobile unit
(iv) The location where the mobile unit parks when not in service

(e) A licensed mobile unit does not have to meet the hours of service requirements as an intermittent clinic that is exempt from licensure.

(f) Any intermittent service site or mobile unit of an FQHC that meets the definition of a site of service per Health Resources and Services Administration's (HRSA) Policy Information Notice (PIN) 2008-01 (or its successor), for health centers funded under section 330 of the Public Health Service (PHS) Act or FQHC Look-Alikes, must be added to the FQHC's Scope of Project, Form 5 – Part B: Service Sites, prior to receiving reimbursement for services rendered at these locations.