HRSA Draft Policy Information Notice: Scope of Project and Telehealth
Community Health Care Association of New York State Comments
November 14, 2022

Background

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide comments on the Health Resources & Services Administration's (HRSA) Draft Policy Information Notice (PIN) on Scope of Project and Telehealth. CHCANYS is the primary care association of more than 70 NYS federally qualified health centers (FQHCs), also known as community health centers (CHCs), that serve over 2.1 million New Yorkers each year at over 800 sites in medically underserved communities.

Telehealth is a critical access point to healthcare for many low-income and underserved communities. During COVID-19, FQHCs rapidly expanded their telehealth programs to ensure patients were able to continue seeing their providers from the safety of their homes. Both providers and patients have found that remote care decreases barriers that would usually inhibit patients' ability to visit a provider, barriers such as lack of transportation, difficulty scheduling time off at work, and lack of childcare. Telephonic, or audio-only, has proved to be especially critical in expanding access and inclusion to care as it has decreased other barriers that prevent patients from accessing care via audio-visual visits such as limited technology proficiency, poor or lack of internet connection, and lack of access to smartphones or camera devices. As a result, FQHCs have reported seeing fewer no shows for remote visits, especially for behavioral health visits and predict that patients will continue to request remote visits. Telehealth is now integral to the community health center care model. The availability of telehealth as a choice empowers patients to choose the visit type that best suits their needs on a given day or for a given condition, and providers are happy to provide remote options as part of that choice.

We are pleased to see HRSA state that telehealth itself is not a service, but rather a mechanism or means for delivering a health service to health center patients via the appropriate technology.

Telehealth and Scope of Project

A. Considerations for Delivering Services via Telehealth within the HRSA-Approved Scope of Project

Regarding bullet one: health centers are responsible for addressing "methods for ensuring patients receiving services via telehealth will have reasonable access to the health center's full scope of HRSA-approved services;"

FQHCS have always gone above and beyond to ensure that everyone will have access to high quality primary care and preventive services regardless of ability to pay, insurance status, and immigration status. This is evidenced by FQHCs rapidly pivoting to telehealth programs during COVID-19 to ensure that patients will be able to continue to access and receive services. "Reasonable access" must acknowledge that there may not be virtual or same day availability for all health center in-scope services, but that patients receiving care via telehealth will be informed of additional services available to them in clinic.

Regarding bullet 2: health centers will have to establish in their policies "roles and responsibilities for health center staff (for example, how informed consent of patients to receive care by telehealth is obtained, including patients' ability to opt out of receiving services by telehealth);"

FQHCs already maintain robust policies and procedures to ensure they are compliant with roles and responsibilities for all in scope services. As HRSA mentions at the beginning of the PIN – telehealth is mechanism or means for delivering health services, not a service in itself. Therefore, CHCANYS requests HRSA to provide specific examples of areas that would need to be added to policies and procedures for telehealth workflows, in addition to the included example of obtaining consent via telehealth, that are not covered in existing policies around delineation of roles for in scope services.

Regarding bullet 3: health centers are responsible for addressing "provisions for the health center to directly bill for the service(s) provided via telehealth, including providing applicable sliding fee discounts for patients in alignment with Health Center Program requirements;"

To ensure that FQHCs can continue provide high quality services via telehealth and be in alignment with Health Center Program requirements, CHCANYS requests HRSA to provide best practices for billing for services provided via telehealth. Best practices should give due consideration as to how sliding fee scales are to be implemented remotely and how health centers should bill patients remotely given that some patients may not be able to pay online.

B. Criteria for Delivering Services via Telehealth Within the HRSA- Approved Scope of Project

Regarding footnote 8: "Established health center patients who may be temporarily outside of the service area (e.g., for travel or work) may access services via telehealth."

FQHCs serve communities that the traditional healthcare system has historically failed. As safety-net providers who have built trust and relationships within their communities, FQHCs understand the importance of empowering patients to make their own decisions regarding care, including modality of service. Telehealth is crucial in supporting patient choice as it empowers patients to select the visit type that best suits their needs on a given day or for a given condition. Under flexibilities allowed during the COVID-19 pandemic, FQHCs were able to see patients for the first time via telehealth, giving much relief to patients who were seeking services. However, as the draft PIN currently stands, it creates a distinction that established patients can only receive telehealth services outside of the service area if their presence outside the service area is temporary. Yet, "temporary" is not defined and CHCANYS requests clarification on how the definition of temporary will be determined.

Clarity is also needed regarding how "established patient" is defined, whether FQHCs can continue to provide telehealth services to existing FQHC patients who are permanently outside of the service area, whether FQHCs are no longer able to provide telehealth services to new patients temporarily outside of the service area, and whether first time visits to establish a new patient must be conducted in-person.

Consequently, CHCANYS requests HRSA to define "temporarily outside of service area," and to provide clarification regarding whether FQHCs can provide telehealth services to new patients and patients

established during COVID-19 who are permanently located outside of the service area. Additionally, CHCANYS requests HRSA to define "established patient," which is not currently defined in the health center manual. This will ensure that the FTCA health center manual is reflective of the new telehealth PIN and that FQHCs will have FTCA coverage when providing services to a patient temporarily located outside of the service area.

Regarding the criteria outlined in bullet 2: "the individual receives an in-scope required or additional health service (as documented on Form 5A: Services Provided)."

Many FQHCs provide specialty services not within their scope of services or have in-scope referral arrangements to ensure that patients can access and receive the care they need. CHCANYS requests HRSA to provide further guidance on the impact of the telehealth PIN on FQHC in-scope referral arrangements and specialty services not within the scope of services.

Regarding the criteria outlined in bullet 3: "The individual receiving services is physically located (e.g., is at their home or at another location where the provider is not located) within the health center's service area."

A large benefit of telehealth services is the ability of providers to meet patients' needs regardless of location. Requiring patients to stay in an approved or designated area limits the flexibility of telehealth and restricts patient access to care. In large urban areas, patients often work, commune, or even live outside of their provider's service area. In other cases, patients may need to travel outside of the service area for personal reasons, may move to another area but would like to keep the same provider, or may have circumstances preventing them from staying in the service area. Special patient populations like those who identify as LGBTQ, migrant workers, and individuals experiencing homelessness are especially likely to seek care in areas outside of where they reside, or live transient lives without one permanent location. It is also unclear how FQHCs would operationalize the verification of patient location for record keeping and how verification of patient location would impact access to care. CHCANYS requests HRSA remove the requirement for individuals to be located in the health center's service area for any telehealth visits.

Regarding the criteria outlined in bullet 4: "The provider delivers the in-scope service on behalf of the health center and may be physically located at a health center service site or at another location (e.g., at their home or at a non-health center community facility)."

CHCANYS appreciates the flexibility to allow providers to deliver services via telehealth from a location other than the FQHC (e.g., at their home or at a non-health center community facility). The ability to offer remote working options has increased FQHCs' ability to recruit and retain providers, especially behavioral health providers. According to a survey we conducted in February 2022, NY FQHCs reported that the ability to offer remote working options to their providers has increased their ability to recruit new providers who, without that option, would not be interested in working for the FQHC. At the time of the survey, 26% of medical providers and 53% of behavioral health providers worked offsite at least once per week.