



Medicaid Advisory Letter (MAL) No. 635

DATE: August 19, 2019

TO: Federally Qualified Health Centers and Rural Health Clinics Enrolled as
Medicaid Providers
Chief Executive Officers, Medicaid Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: ***Payment for Federally Qualified Health Center (FQHC) and Rural Health
Clinic (RHC) Services Rendered Through Telehealth***

The Ohio Department of Medicaid (ODM) is providing this guidance to reflect recent changes in telehealth policy and claims submissions requirements. A list of covered telehealth services and provider requirements are set forth in Ohio Administrative Code (OAC) rule 5160-1-18.

Payment (including wraparound payment) for covered FQHC and RHC services listed in OAC rules 5160-28-03.1 and 5160-28-3.3 is made under the prospective payment system (PPS). For Medicaid payment purposes, a covered telehealth service that is provided for an FQHC or RHC patient is to be treated as an FQHC or RHC service and, therefore, is subject to payment under the PPS.

Effective for dates of service on or after July 4, 2019, FQHCs and RHCs must follow the claims submission guidance in the document titled, "Telehealth Billing Guidance for Dates of Service On or After 7/4/2019." The guidance document is available in the Professional Claims section of the ODM Guidance webpage, <http://medicaid.ohio.gov> > RESOURCES > Publications > ODM Guidance > Provider Billing Instructions.

The Medicaid managed care plans (MCPs) may have different claim submission requirements for telehealth. Questions concerning MCP telehealth claims should be directed to the MCPs.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid:

Provider call center: (800) 686-1516
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