



May 20, 2019

Ms. Maureen Corcoran  
Director, Ohio Department of Medicaid  
50 West Town Street, Suite 400  
Columbus, Ohio 43215

Dear Director Corcoran,

On behalf of the Ohio Association of Community Health Centers (OACHC), thank you for the opportunity to submit comments on the revised proposed Rule 5160-1-18 *Telehealth*, and its impact on Ohio's Community Health Centers and the patients and communities so well served.

As you know, OACHC represents all of Ohio's 55 **F**ederally **Q**ualified **H**ealth **C**enters (FQHCs or Community Health Centers) which deliver accessible, affordable, high-quality primary and preventive health care to approximately 780,000 Ohioans each year – regardless of their insurance status.

Across the country, Community Health Centers are increasingly using telehealth to better meet their patients' needs and to overcome persistent clinical workforce shortages. Telehealth encompasses a variety of technologies used to deliver virtual medical, health, and education services. These technologies include live video, store-and-forward, remote patient monitoring, and mobile health.

**Telehealth services help address geographic, economic, transportation, and linguistic barriers to health care access.** Because Community Health Centers are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, Health Centers are pioneering the use of telehealth to expand access to quality health care services.

Telehealth is a crucial tool to deliver comprehensive primary and preventive health care for all populations, resulting in **better outcomes for patients** (NCSL 2015, *Telehealth Policy Trends and Considerations*). The primary challenge in Ohio has been that while many Health Centers have utilized grants and other one-time funding opportunities to integrate telehealth technologies into their practice, **reimbursement for telehealth is critical to the long-term sustainability and full utilization of telehealth services. Reimbursement of telehealth will capture the unmet "potential", and put it into practice, allowing for the full realization of telehealth's impact.**

OACHC commends the Ohio Department of Medicaid for its revised tele-health rule proposal, specifically the expanded list of providers eligible to bill for services provided via telehealth. OACHC and its member Health Centers are in alignment with ODM and see great value and need in designating both Licensed Professional Clinical Counselors (LPCC) and Licensed Independent Social Workers (LISW). OACHC is also extremely supportive of the inclusion of physician assistants, clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners. **OACHC further suggests alignment for eligible providers to also include other (non-independent) licensed behavioral health providers like LDCCs II and III, LMFTs, LPCs, and LSWs.**

We also believe a broader list of provider and patient sites will provide greater access to the right kind of care, at the right time, and in the most appropriate cost-effective setting. While we applaud the addition of schools (covering Head Start locations too) and home residences including homeless shelters and temporary lodging as patient sites, **we strongly advocate for making it explicitly clear with the addition of FQHCs as eligible patient sites. This could be accomplished by adding FQHCs to the list under (A) (3), or by adding (B) 2 to Section (A) (3) (a).**

Further, the language around Eligible Providers and Service Locations in Sections (B)(3) and (B)(4) are causing confusion. In summary, and after discussions with your staff, we believe the following to be true:

- (B)(3) states that the practitioner must be at the practitioner's service location.
- (B)(4) seems to suggest exceptions to (B)(3), which include an active patient; practice is a PCMH; OR if the service is provided is an inpatient consult.

As such, we suggest the following edits to combine (B)(3) and (B)(4):

*(B)(3) There are no restrictions to practitioner site location for services delivered via telehealth when rendered by practitioners identified in paragraph (B)(1) of this rule when any of the following apply:*

*(a) The patient is an active patient as defined in this rule;*

*(b) The practice is enrolled as a patient centered medical home as defined in rule 5160-1-71 of the Administrative Code; or*

*(c) The service provided is an inpatient consultation as described in paragraph (D)(5) of this rule.*

On behalf of Ohio's 55 Community Health Centers, thank you for this opportunity to relay our comments on the revised proposed Rule 5160-1-18, *Telehealth*. We also thank you for your vision and leadership to capture the positive impact on the communities we serve and that telehealth will provide.

If any additional information is needed, please contact me or Julie DiRossi-King at 614.884.3101.

Sincerely,



Randy Runyon  
President & CEO