

Shaping Access to Reproductive Health Care: Financing and Delivery Systems

Telehealth & FQHCs

Fabiola Carrión-De Liban, JD (she/her)
Director of Sexual and Reproductive Health
June 12, 2024

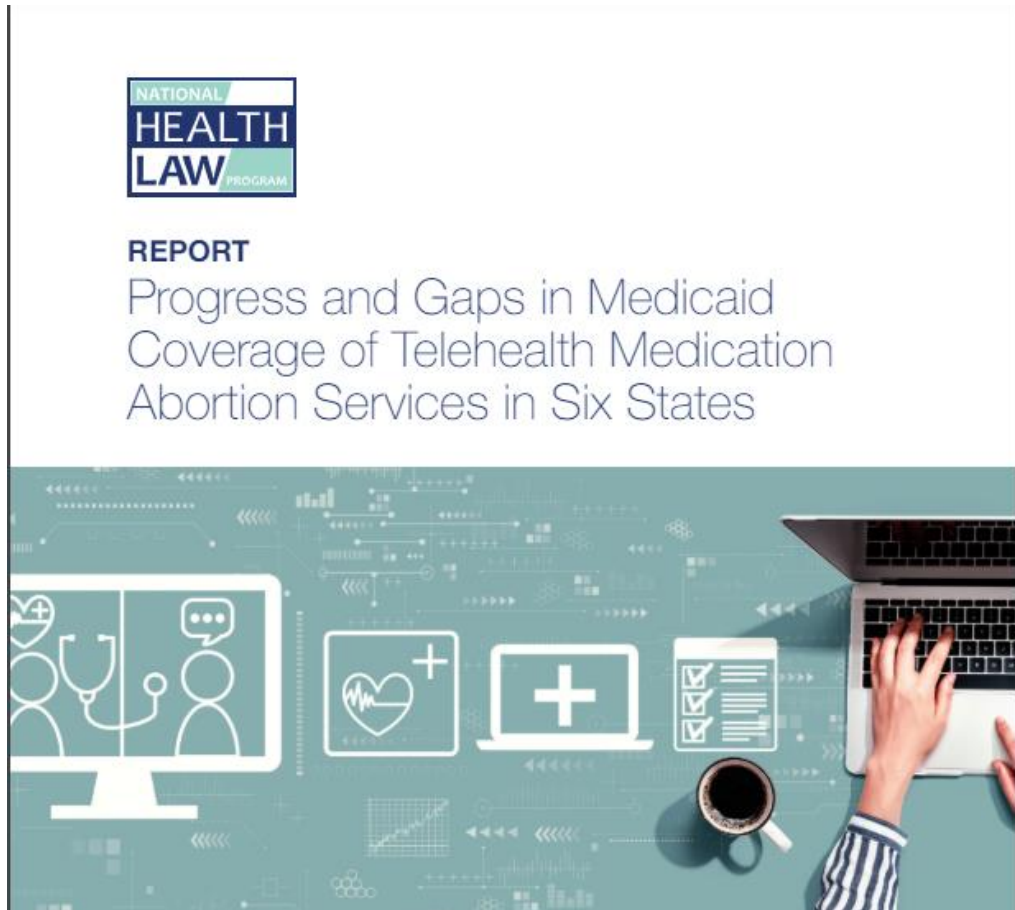


Telehealth and medication abortion (TMAB)

- Not the full solution, but a powerful tool
- Telehealth access, particularly in the wake of the COVID pandemic (video-conferencing, phone, asynchronous)
- Mifepristone approved in 2000
- New FDA flexibilities (though AHM v. FDA)
 - Medication delivery via mail
 - Access through pharmacies



State TMAB policies in Medicaid



- Types of telehealth modalities (synchronous, asynchronous, audio)
- Establishment of patient-provider relationship
- Reimbursement rates and models
 - Payment Parity
- Provider eligibility for coverage

Asynchronous TMAB in Medicaid



Asynchronous Telehealth Abortion Services for Medicaid Enrollees: Policy Chart

[Cat Duffy](#)

State	Definition of Store-and-Forward or Asynchronous Telehealth	Medicaid Coverage of Asynchronous Care?	Payment Parity for Asynchronous Care?	Can A Patient-Provider Relationship Be Established via Asynchronous Care?
AK ¹	<p>"Asynchronous: a store-and-forward, through transfer from one location to another, of recorded digital images, data, video, or sounds to allow a consulting provider to obtain information, analyze it, and report back to the rendering provider"</p> <p>See: 7 AAC 110.625</p>	<p>Only when it's used for consultations between providers.</p> <p>See: AK Medicaid FAQ Coverage of Telehealth Modalities</p>	<p>Yes but asynchronous care is restricted to consultations between providers which will preclude reimbursement for asynchronous TMAB.</p> <p>See: AK Medicaid FAQ Coverage of Telehealth Modalities</p>	<p>Likely No²</p> <p>There is no explicit Medicaid policy, but AK State Medical Board guidance indicates that physicians may not prescribe, dispense or administer "a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the physician does not have a prior physician-patient relationship" which would likely effectively prohibit most asynchronous TMAB models.</p> <p>See: AK State Medical Board, Telemedicine Policies and Procedures</p>

Federally Qualified Health Centers

FQHCs and the Hyde Amendment

- Implications for 330 grants
- Similar: Title X

HRSA 2009 Policy Information Notice

“may carry out other activities (i.e., other lines of business) that are not part of their scope of project and, thus, are not subject to Section 330 requirements and expectations”

Malpractice insurance consideration

CA policy on FQHC & Abortion →

abort
1

Abortions

Page updated: April 2024

This section contains information about billing for abortions and the medical services and supplies incidental or preliminary to an abortion.

Abortion Services

«The Medi-Cal program covers an abortion performed as a physician service. In addition to physicians, abortion services may be performed by other licensed, non-physician practitioners, including Physician Assistants (see California Business and Professions Code [BPC]Section 3502.4), Nurse Practitioners (see BPC Section 2725.4[a]), and Certified Nurse Midwives (see BPC Section 2725.4[b]) acting within their scope of practice as defined by the appropriate state licensing board.»

- Abortion is a covered benefit regardless of the gestational age of the fetus.
- Medical justification and authorization for abortion are not required.
- Inpatient hospitalization for the performance of an abortion requires prior authorization under the same criteria as other medical procedures (see California Code of Regulations [CCR], Title 22, Section 51327).
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Service-Memorandum of Agreement (IHS-MOA), and Tribal FQHC providers may provide abortion services described in this section of the manual if they meet Medi-Cal requirements for abortion services reimbursement and comply with Medi-Cal policies, fee-for-service policies, and code and claim submission procedures. Refer to the respective provider manual pages for FQHCs, RHCs, IHS-MOA, and Tribal FQHC providers for additional information on abortion services.

Note: The Hyde Amendment, most recently enacted version in Public Law (P.L.) 117-103, Div. H, Tit. V, sections 506-507, and renewed annually, states that abortion services cannot be directly or indirectly funded by federal funds, except in cases of rape, incest, or when a pregnant person would be in danger of death if an abortion is not performed. Accordingly, abortion services are outside the scope of Medicare, Medicaid, IHS, and HRSA federal grant funds. FQHCs, RHCs, IHS-MOAs, Tribal FQHCs can provide abortions. As such, FQHCs, RHCs, IHS-MOAs and Tribal FQHCs can provide abortions as long as they do not use federal funds. To ensure compliance with these requirements, FQHCs, RHCs, IHS-MOAs and Tribal FQHCs will need to establish a separate line of business.

Thank you!

Connect with the National Health Law Program online:



www.healthlaw.org



@NHeLProgram



@NHeLP_org



Fabiola Carrión-De Liban (she/her)

Director of Sexual and Reproductive Health

Email: deliban@healthlaw.org

Twitter: @FabCarrion