Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

Telehealth and Federally Qualified Health Centers

FQHC FACT SHEET

FALL 2025

Supported through funding from the National Association of Community Health Centers (NACHC), CCHP added a new category to its state telehealth information tool and telehealth summary report in Fall 2022, focused on telehealth Medicaid fee-for-service as it relates to federally qualified health centers (FQHCs). Updates were paused in 2024 when funding for this work expired, but with renewed support from NACHC, CCHP is once again able to provide this resource.

The emphasis on Medicaid requirements for FQHCs reflects the complex criteria and requirements these providers must meet. By consolidating this information, the FQHC category is designed to help health centers more easily navigate telehealth Medicaid as it relates to FQHCs across the United States.

Methodology

- State Medicaid manuals, administrative codes, and manuals for fee-for-service were reviewed between late May and September 2025.
- CCHP only counts states as providing reimbursement if official and explicit Medicaid documentation was found confirming they are reimbursing FQHCs specifically for a certain modality. A broad statement that all providers are reimbursed or any originating site is eligible without an explicit reference to FQHCs was considered insufficient.
- A state Medicaid program was counted as reimbursing FQHCs even if they do so in a very limited way, such as only for mental health.

Key Findings

Definition of Encounter/Visit & Same Day Encounters

Although Medicaid programs traditionally define an "encounter" or "visit" in terms of in-person care, many states now recognize telehealth—particularly live video consultations—as a valid form of "face-to-face" interaction. Some programs explicitly include telehealth in their encounter definitions, meaning that labeling a visit as "face-to-face" does not necessarily exclude telehealth. However, this designation typically excludes store-and-forward and audio-only services, since they do not involve direct visual contact.

CCHP reviewed state Medicaid documents addressing "same day encounters/visits" and found that many programs restrict FQHCs from billing for multiple encounters for the same patient on the same day. These restrictions can create barriers, particularly in telehealth settings where a patient may receive primary care and then need additional services, such as behavioral health, during the same visit. Although telehealth offers a practical way to connect patients with multiple providers in a timely manner, the lack of reimbursement for concurrent encounters may discourage FQHCs from providing this option.

Overall, most states limit same day billing when services occur at the same location and fall under the same encounter type (e.g., medical). However, exceptions are often made when encounters are classified under different categories, such as a medical visit and a mental health visit.

OKLAHOMA MEDICAID defines an "encounter" as a face-to-face contact between a health care professional and a member for the provision of defined services through a FQHC within a twenty-four (24) hour period ending at midnight, as documented in the member's medical record. Services delivered via audio-only telecommunications do not constitute an encounter.

EXAMPLE:

ARIZONA MEDICAID stipulates that multiple encounters with more than one practitioner within the same discipline, i.e., dental, physical, behavioral health, or with the same practitioner and which take place on the same day and at a single location, constitute a single visit unless the patient, subsequent to the first encounter, suffers illness or injury requiring additional diagnosis or treatment. In this circumstance, the subsequent encounter is considered a separate visit. A service which is provided incident to another service, whether or not on the same day or at the same location, is considered to be part of the visit and is not reimbursed separately.

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Eligible as Originating & Distant Sites

- **Originating sites:** **35 states and DC** explicitly allow FQHCs to serve as originating sites for telehealth-delivered services. This information was often found in state Medicaid manuals or regulatory lists of eligible originating sites, where FQHCs were one of the sites listed.
  - If a state does reimburse a facility fee, it is common for FQHCs to be eligible to collect the fee, however not every state Medicaid program reimburses the facility fee.
- **Distant sites:** **40 states and DC** explicitly allow FQHCs to be distant site providers. This was often stated in Medicaid manuals or regulations as a clarification so that there could be no confusion about their eligibility for reimbursement. In some cases, Medicaid also addressed whether or not they would be eligible for the prospective payment system (PPS) rate (also known as the "encounter rate").
  - **25 state Medicaid programs and DC** explicitly clarify that FQHCs are eligible for the PPS rate when serving as distant site providers.

Store-and-Forward Reimbursement

The vast majority of states did not specify or excluded store-and-forward entirely from being an eligible service FQHCs can be reimbursed for.

- **7 state Medicaid programs** explicitly reimburse FQHCs for store-and-forward, though many of these only allow reimbursement for specific communication technology-based (CTBS) codes that allow for store-and-forward in their description or only provide reimbursement for very specific services, such as teledentistry.

EXAMPLE:

MAINE MEDICAID allows telehealth services to be included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Center (IHC) scope of practice, as approved by the State. If approved, these facilities may serve as the provider site and bill under the encounter rate.

EXAMPLE:

SOUTH CAROLINA lists CPT Code G2010 (remote image submitted by a patient) as reimbursable for FQHCs for established patients.

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NEW YORK AND NORTH CAROLINA are the only two state Medicaid programs to provide some sort of reimbursement for FQHCs across all sites and modalities, as well as covering telehealth at the PPS rate.

Audio-Only Reimbursement

Most states neither explicitly specify nor exclude audio-only services from FQHC reimbursement. Since many definitions of an encounter require a "face-to-face" interaction, this can implicitly limit the use of audio-only modalities. Nonetheless, some states do make allowances.

- **17 state Medicaid programs** explicitly allow reimbursement for audio-only services to FQHCs. In some cases, services are only reimbursed through CTBS, or have other restrictions (such as limitations around the service type) limiting its use.

Remote Patient Monitoring Reimbursement

Eight state Medicaid programs explicitly clarify that FQHCs can bill for RPM codes and be reimbursed, though it may not be under their PPS rate. While most states did not provide explicit eligibility criteria for FQHCs to receive reimbursement for remote patient monitoring, CCHP did identify a few cases where such reimbursement is allowed.

EXAMPLE:

SOUTH DAKOTA Medicaid allows FQHCs/RHCs and IHS/Tribal 638 Providers, SUD agency services to be provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services using codes 98012-98015 and be reimbursed at the fee schedule rate. These services must be submitted using the FQHC/RHCs non-PPS billing NPI.

EXAMPLE:

KENTUCKY reimburses remote patient monitoring for conditions such as pregnancy, diabetes, heart disease, cancer and congestive heart failure (among others). Federally qualified health centers are listed in their administrative code as one of the providers eligible to provide remote patient monitoring services.

In **NEW YORK**'s case, RPM is even further limited, only reimbursing FQHCS that have opted into the Ambulatory Patient Group (APG) reimbursement methodology.

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Services Outside the Four Walls

Regulations for FQHCs have sometimes restricted services to the physical clinic site, creating challenges for telehealth encounters where patients seek care from home. CCHP's analysis found that Medicaid programs often did not explicitly address this scenario, though some made allowances for home-based visiting nurse services. Even in those cases, however, telehealth was rarely specified, leaving ambiguity around whether such care was explicitly permitted.

Patient-Provider Relationship

CCHP's review found that only **three states** explicitly address establishing a patient-provider relationship for FQHCs through telehealth. Approaches vary between the three: Maine requires an initial in-person assessment that includes medical and social history, while New York limits offsite services to existing patients under defined circumstances. California permits new patient relationships to be established via synchronous video or, under specific conditions, asynchronous and audio-only modalities. These examples illustrate the differing ways states set parameters around modality, documentation, and continuity of care for FQHCs using telehealth.

EXAMPLE:

ALASKA Medicaid allows FQHC services to be provided away from the clinic site in limited circumstances. These include care delivered by FQHC practitioners in nursing facilities, as well as services for homebound recipients when specific conditions are met. For homebound patients, coverage applies only if there is a shortage of home health agencies, the care is delivered by clinic-employed or compensated nursing staff, and it is provided under a physician-or-practitioner-approved plan of care reviewed every 60 days.

EXAMPLE:

CALIFORNIA allows FQHCs to establish new patient relationships through synchronous video visits. Audio-only is generally prohibited for this purpose, except in cases such as sensitive services or when patients lack access to video. California also permits the use of asynchronous store-and-forward if certain conditions are met, including the patient being physically present at the FQHC or an affiliated site and proper record creation by authorized staff. These requirements are intended to ensure that telehealth encounters meet the same standard of care as in-person services.

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KEY

YES = FQHCs are eligible

NO = FQHCs are not eligible OR no explicit reference found.

- **Originating site:** FQHC eligible for originating site live video reimbursement
- **Distant site:** FQHC eligible for distant site live video reimbursement
- **S&F:** FQHC eligible for store and forward reimbursement
- **Audio Only:** FQHC eligible for audio only reimbursement
- **RPM:** FQHC eligible for remote patient monitoring reimbursement
- **PPS:** FQHC eligible for Prospective Payment System (PPS) rate for telehealth services

FQHC Medicaid Telehealth Chart

STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	RPM	PPS
Alabama	YES	NO	NO	NO	NO	NO
Alaska	NO	YES	YES	YES	NO	YES
Arizona	NO	YES	NO	NO	NO	NO
Arkansas	YES	YES	NO	NO	NO	NO
California	YES	YES	YES	YES	NO	YES
Colorado	YES	YES	NO	YES	NO	YES
Connecticut	YES	YES	NO	NO	NO	YES
Delaware	YES	NO	NO	NO	NO	NO
District of Columbia	YES	YES	NO	NO	NO	YES
Florida	NO	NO	NO	NO	NO	NO
Georgia	YES	YES	NO	NO	NO	NO
Hawaii	YES	YES	YES	NO	NO	YES
Idaho	NO	YES	NO	YES	NO	NO
Illinois	YES	YES	NO	NO	NO	YES
Indiana	YES	YES	NO	YES	NO	YES
Iowa	YES	YES	YES	NO	NO	NO
Kansas	YES	YES	NO	NO	NO	NO
Kentucky	YES	YES	NO	NO	YES	NO
Louisiana	NO	YES	NO	YES	NO	YES
Maine	YES	YES	NO	NO	NO	YES
Maryland	YES	NO	NO	NO	YES	NO
Massachusetts	NO	YES	NO	NO	NO	NO
Michigan	YES	YES	NO	YES	NO	YES
Minnesota	YES	YES	NO	NO	NO	NO
Mississippi	YES	YES	NO	NO	NO	YES

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STATE	ORIGINATING SITE	DISTANT SITE	S&F	AUDIO ONLY	RPM	PPS
Missouri	YES	YES	NO	NO	NO	NO
Montana	YES	NO	NO	NO	NO	NO
Nebraska	NO	YES	NO	NO	NO	YES
Nevada	YES	YES	NO	NO	NO	YES
New Hampshire	NO	NO	NO	NO	NO	NO
New Jersey	YES	YES	NO	NO	NO	NO
New Mexico	YES	NO	NO	NO	NO	NO
New York	YES	YES	YES**	YES	YES**	YES
North Carolina	YES	YES	YES	YES	YES	YES
North Dakota	YES	YES	NO	NO	NO	YES
Ohio	NO	YES	NO	NO	YES	YES
Oklahoma	NO	YES	NO	YES	NO	YES
Oregon	NO	NO	NO	YES	NO	NO
Pennsylvania	NO	YES	NO	NO	NO	NO
Puerto Rico	NO	NO	NO	NO	NO	NO
Rhode Island	NO	YES	NO	YES	NO	NO
South Carolina	YES	YES	YES*	YES	NO	NO
South Dakota	YES	YES	NO	YES	YES	YES
Tennessee	YES	YES	NO	NO	NO	YES
Texas	YES	YES	NO	YES	YES	YES
Utah	NO	NO	NO	NO	NO	NO
Vermont	NO	NO	NO	NO	NO	NO
Virgin Islands	NO	NO	NO	NO	NO	NO
Virginia	YES	YES	NO	NO	NO	YES
Washington	YES	YES	NO	YES	YES*	YES
West Virginia	YES	YES	NO	NO	NO	YES
Wisconsin	YES	YES	NO	YES	NO	YES
Wyoming	YES	YES	NO	NO	NO	NO

** Reimbursement is limited exclusively to codes reimbursed by the Centers for Medicare and Medicaid Services (CMS) as communication technology-based services (CTBS), interprofessional consultations or remote physiologic monitoring.*

*** Only applies to FQHCs that have opted into Ambulatory Patient Groups (APGs).*