

RPM for FQHCs and RHCs: 10 Things to Consider





1

Coverage
Extended to
RPM and RTM

Beginning in 2024, CMS has approved RPM and RTM to be split out from the all inclusive general care management code (HCPCS G0511), thus allowing FQHCs and RHCs to bill for RPM/RTM under this HCPCS code.

When appropriate, FQHCs and RHCs can now bill HCPCS G0511 for remote patient monitoring, remote therapeutic monitoring, as well chronic care management and other services.

2

Other G0511
Expansions

In addition to RPM and RTM, as well as CCM, beginning in 2024, FQHCs and RHCs can now bill G0511 for:

- Principal Care Management (PCM)
- Behavioral Health Integration (BHI)
- Chronic Pain Management (CPM)
- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)

The later two services are new, having been finalized in the 2024 PFS final rule.

3

Lower Rates
but More
Opportunities

For 2024, CMS changed the methodology it uses to calculate the payment rate for HCPCS G0511 which takes into account the usage frequency of the various services covered under G0511. The base reimbursement went from about \$78 in 2023 to \$73 in 2024.

What does this mean? Federally qualified health centers and rural health clinics with pure CCM programs will generate lower payments per service in 2024 than they did in 2023. However, FQHCs and RHCs that expand their programs to include an additional services like remote patient monitoring can generate higher revenue.

4

Early
Prevention, not
PER

RPM and RTM solutions offer the potential for early prevention through the regular tracking of patient vitals, while the use of a Personal Emergency Response (PER) system allows patients to quickly seek help if an emergency should arise.

RPM and RTM use technology to collect and transmit health data from patients. RPM and RTM are designed to monitor patients with chronic conditions, such as chronic heart failure, diabetes, hypertension, and COPD, and respond for early interventions.

5

Improved
Patient Care

FQHCs and RHCs are particularly well suited for care management because of their integrated care model and high focus on social determinants of health (SDOH). Expanding access to RPM and RTM services through FQHCs and RHCs is a big win for patient care.

We know that FQHC and RHC patient demographics include higher prevalence of chronic conditions, with individuals facing entrenched barriers to patient care, such as low mobility, the need to travel longer distances to receive care, and higher levels of indigency. Patient engagement and buy-in is crucial for the success of RPM and RTM, and FQHCs and RHCs tend to excel in these areas.



6

Common
Examples of
RPM

Medicare gives providers great flexibility in choosing which conditions and patient cohorts utilize RPM. Remote patient monitoring can be used to support patients with various chronic conditions.

Some of the most common patient applications include hypertension management, weight measurement for CHF and obesity, asthma management, COPD, and glucose monitoring/continuous glucous monitoring (CGM).

7

Program
Delivery
Is not
Complicated

Depending on an FQHCs and RHC's RPM provider, devices can be mailed directly to patients. FQHCs and RHCs can also choose to have patients pick up their RPM or RTM devices at the organization's physical location.

The RPM provider can manage device setup on behalf of the FQHC or RHC. Once the device is set up, health data is captured by the device and transmitted to a HIPPA-compliant dashboard. Based on AI-enabled alerts, a qualified healthcare provider (QHC) with the RPM provider, or the FQHC or RHC, can monitor results.

8

Connectivity
Considerations

One of the most significant decisions FQHCs and RHCs will need to make concerning devices is whether the devices provided to their patients use cellular or Bluetooth technology. A cellular-connected device — with an embedded modem delivered by mail and set up through the RPM partner — is typically the best option for FQHC and RHC patients.

Using Bluetooth devices may be more challenging for FQHC and RHCs patients who lack access to or cannot afford broadband internet or who are unable to afford newer smartphone models that may be required to run some device apps.

9

Support for
Claims and
Coding

Support for coding and billing of RPM and RTM services, including how the system helps streamline these processes and better ensures clean claims that lead to timely, accurate reimbursements.

An RPM or RTM partner, via their HIPAA-compliant software system, must properly document and have the correct RPM service codes so that FQHCs and RHCs successfully receive their reimbursements. An RPM provider should minimize work for your administrative while ensuring reimbursement.

10

Improved
Patient
Care

Key factors to consider include if an RPM provider requires the FQHC or RHC to purchase the monitoring devices or provides them at no fee as part of their program. Making an informed decision on which system to invest in may prove the difference between an RPM or RTM program that meets patient and program needs or becomes one the organization regrets.

Other factors to consider include the ability to have devices shipped directly to patients; whether the vendor provides support for patient setup and use of the equipment; and ability to use cellularly connected devices, Bluetooth devices, or a combination of both



866.754.4325

info@gpth.org

