WHITE PAPER

The G0511 Expansion and New Funding Landscape

for Federally Qualified Health Centers and Rural Health Centers in 2024

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Foreword, Our Sources, Our Experience

The Centers for Medicare & Medicaid Services (CMS) recognizes the need for innovative solutions to improve patient care and outcomes, especially within the context of limited staff resources and funding challenges faced by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). This has led to the expansion of the general care management CPT code G0511 to include Remote Patient Monitoring (RPM) services as of 01/01/2024.[1] RPM has been increasingly adopted in the fee-for-service setting with claims volume surpassing $105 million in 2021 alone,[2] but due to the unique constraints of FQHCs and RHCs there have been barriers to adoption in the community health space.

This whitepaper focuses on the general care management CPT code G0511. The whitepaper serves as a toolkit for FQHC and RHC administrative staff members to understand the nuances of deploying a claims-based RPM or Chronic Care Management (CCM) program. Our referenceable sources include CMS publications, Health Resources & Services Administration (HRSA) documentation, National Association of Community Health Centers (NACHC) resources and OCHIN Epic toolkits. Tellihealth is an industry leader in providing CCM and RPM services to FQHCs and RHCs. Client references are available upon request. Tellihealth hosts regular educational webinars pertaining to the best practices for deploying remote care programs.

Expansion of G0511 to Include Remote Patient Monitoring (01/01/2024)

Starting January 1, 2024, the healthcare landscape experienced a transformative shift as CMS ushered in sweeping changes to the funding framework for RPM and CCM. This pivotal moment marked the expansion of G0511, opening new avenues of opportunity for FQHCs and RHCs nationwide.

[1] CMS Final Rule 2024 p1939
[2] ibid p779

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FUNDING CHANGE #1:

Widened Scope of Services

Formerly, G0511 was a general care management code, created January 1, 2018. It was defined as: "general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month."[3]

As of January 1, 2024, G0511 has been expanded to include multiple additional "General Care Management" services. These services include procedure codes within the categories of Chronic Care Management (CCM), General Behavioral Health Integration (BHI), Principle Care Management (PCM), Remote Patient Monitoring (RPM) / Remote Therapeutic Monitoring (RTM), Certified Professional Midwife (CPM), Community Health Integration (CHI) and Principle Illness Navigation (PIN).[4]

General Care Management Service	HCPCS/CPT Codes
CCM	99487, **99490,** 99491
PCM	99424, **99426**
CPM	G3002
General BHI	99484
RPM	**99453, 99454, 99457**, 99091
CHI	G0019
PIN	G0023
PIN-PS	G0140

Tellihealth's full-service monitoring team is able to complete the monitoring requirements for the procedural codes that are **BOLDED.**

It is important to note that a single patient can qualify for any number of these categories. For example, it is common (similar to the fee-for-service setting) that the same patient will be enrolled in an RPM and CCM program. It is imperative that the clinical time increments of 20 minutes are accounted for separately amongst all G0511 claims; time may not be double counted.[5]

[3] https://hcpcs.codes/g-codes/G0511/
[4] CMS Final Rule 2024 p776
[5] ibid p781

FUNDING CHANGE #2:

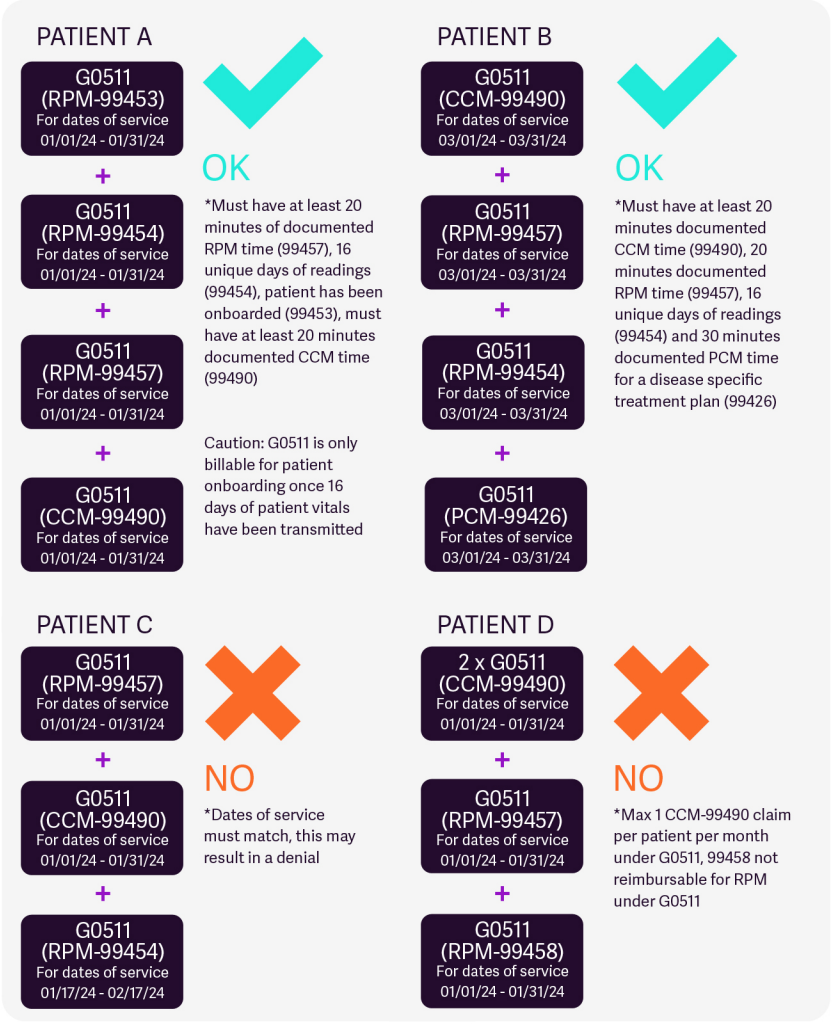
Multiple Units of G0511 May Be Billed for the Same Patient in a Calendar Month

While the client is responsible for billing and Tellihealth supports billing and operations, the CMS final rule for 2024 has outlined that G0511 can be billed multiple times per patient per month so long as the clinical time increments are not double counted, and all other requirements of the related HCPCS/CPT codes are met.[6] This guidance has been validated directly to Tellihealth by the CMS FQHC PPS Payment Policy Team. However, since there are no modifiers for G0511, there is no way to differentiate between G0511-"RPM", G0511-"CCM" and G0511-"BHI". Therefore, it is imperative that appropriate documentation of services rendered be included on the patient record directly within the provider's EMR system.

Tellihealth adheres to the most recent RPM regulations provided by CMS and HRSA (March 2024). Given that Tellihealth is able to render services toward the highlighted HCPCS/CPT codes above (99490, 99453, 99454, 99457, 99426), the maximum number of G0511 claims that can be generated in a calendar month for a patient under our care is 4 – while the client is still responsible for billing. Tellihealth performs clinical monitoring and patient interaction services past that point if necessary, but would stop tasks that would be creating G0511 claims. This is in the best interests of the patient, and would be rendered at Tellihealth's expense. The appendix of this whitepaper has a full pro forma based on differing program types.

Important note for billers: G0511 claims must be bundled and submitted together for each patient under service. Do not bill G0511 for RPM in the middle of the month and G0511 for CCM at the end of the month for the same patient as it will result in a denial.

CMS has made it clear that G0511 can be billed by clinics outside the FQHC or RHC normal per visit rate: "We have provided a separate payment to RHCs and FQHCs in additional to the billable visit in part for the monthly care management and behavioral health integration codes, as described in the general care management code, HCPCS code G0511, because these are inherently non-face-to-face services that may not be accounted for in the per-visit payment for an in-person encounter".[7]



[6] Ibid, p781
[7] CMS Final Rule 2024 p762

FUNDING CHANGE #3:

Rate Change

Given the vast increase in the total amount per patient that the clinic can bill, from one G0511 claim per month to upwards of 3, the reimbursement amount per claim has been adjusted downward from $77.24 to $72.98.[8]

Tellihealth feels strongly that a clinical program works best for FQHCs and RHCs that are new to furnishing G0511 and are unfamiliar with the nuances of this code. This is why Tellihealth offers claims-based pricing based upon a successful internal reimbursement process carried out by the clinic.

Tellihealth Offering for FQHCs / RHCs – Implementation

Simple, Transparent Pricing

CLAIMS-BASED PRICING

G0511 CLAIM REIMBURSEMENT: $72.98 (MEDICARE)

Tellihealth Cost per Claim Reimbursed: $45

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- 1 FDA-approved device per patient
- 24/7 support for all hardware and software
- 24/7/365 English- and Spanish-speaking clinical monitoring (additional languages available)
- Clinical interactions "automatically" time tracked, recorded and transcribed (for a more secure audit trail)
- Auto-generated claims service
- True EHR integration with discrete data flow
- Tellihealth manages all hardware, software and patient onboarding
- Cellular-enabled devices (available on all major carriers)
- Unlimited no-cost telemedicine for all customers

GRANT-BASED PRICING

CUSTOMIZABLE

- 1 FDA-approved device per patient
- 24/7 support for all hardware and software
- 24/7/365 English- and Spanish-speaking clinical monitoring (additional languages available)
- True EHR integration with discrete data flow
- Tellihealth manages all hardware, software and patient consultation regarding grant application via HRSA
- Customizable patient / device and pricing options based upon grant specific conditions
- Out of Box and Custom Reports to satisfy all grant requirements
- Measurable patient outcomes in the near term (first 30 days) and sustained into the long term (365+ days)
- On site implementation where necessary

[8] ibid p779

FQHCs and RHCs face unique challenges when implementing new patient care programs. Telehealth programs are especially critical in rural areas (including over 40 percent of [community] health centers, where many residents must travel long distances to see a provider)[8]. In 2022, health centers provided 20.6 million virtual visits, most being for primary care services, and one third for behavioral health services.[9]

The major concerns with implementing remote care programs, including RPM and CCM, usually relate to staff bandwidth, compliance, and system interoperability. An RPM/CCM program can be broken down into 3 stages:

1. Patient onboarding
2. Clinical monitoring and patient triage
3. Claims creation and submission

Patient onboarding starts with patient eligibility verification. It must be determined which patients qualify based upon their insurance coverage within a population. As of 2024, **Medicare reimburses $72.98 per G0511 code per patient to FQHCs and RHCs.**[10] Medicaid coverage varies by state in terms of reimbursement amount and which conditions a patient must have to qualify.[11] Commercial payor coverage is even more varied than Medicaid. Eligibility verification is a cumbersome process that requires significant staff bandwidth should you choose to do it on your own. **Tellihealth removes the guesswork in the patient eligibility process by taking that on as a part of our onboarding. Tellihealth will inform a practice or FQHC which patients are covered for RPM/CCM before beginning outreach and patient training, even allowing direct referrals out of many EHRs including Athena.**

Part of patient onboarding is the informed consent process. A patient must have sufficient information and understanding before making decisions about their medical care, and RPM/CCM programs are voluntary. The Tellihealth patient outreach team handles the patient informed consent process as they conduct general onboardings with each patient. This includes device training and a general conversation about what to expect from the program, including any associated costs. Patient consent is documented by recorded and transcribed phone calls. In the case of an on-site deployment of devices, Tellihealth will provide a simple one-page consent form for patients giving their consent in the clinical setting.

Device deployment is also a crucial part of starting an RPM/CCM program. There are two ways that a provider can provision devices to their patients: either on-site at the clinic or home health center by handing the device directly to each patient, or by having Tellihealth ship devices to their homes. **Tellihealth can accommodate either strategy.**

[8] National Association of Community Health Centers, Public Policy and Advocacy, 2024. February 2024 "Telehealth"
[9] ibid
[10] CMS Final Rule 2024 https://public-inspection.federalregister.gov/2023-24184.pdf
[11] https://www.cchpca.org/topic/remote-patient-monitoring/

Now that a patient has consented and is onboarded, the patient vitals can be monitored. Given that each instance of G0511 requires 20 minutes of clinical time, standard staffing requirements for an RPM/CCM are reflected in table below:

Active RPM/CCM Patient Count	Minimum Staff Time Requirement (30 minutes per patient per month)	Minimum Total Dedicated Full-Time Employees
100	50 clinical hours (monthly)	0.31
500	250 clinical hours (monthly)	1.56
1000	500 clinical hours (monthly)	3.12
2500	1250 clinical hours (monthly)	7.81

Given the clinician shortages across the United States, this can be a non-starter for many FQHCs/RHCs and even fee-for-service clinics. **This drove Tellihealth to build and expand our own clinical team, employing over 300 remote clinicians, to better serve our providers and their patients.**

Once clinical time has been fulfilled and documented, it is time for claims generation and submission. This often requires a clinician to document in two separate systems: the cloud-based RPM/CCM platform, and their EHR. Make sure to choose a platform that has interoperability with your clinic's EHR system. **Tellihealth offers true EHR integration for all FQHCs, including the direct flow of discrete vitals data fields to patient charts.**

OUR EXPERIENCE

Our Impact on Value-Based Care and Cost of Care Reduction

Tellihealth was formed when a group of cybersecurity professionals teamed up with a medical director to reinvent the healthcare experience for physicians and patients completely. Traditional primary care experience, mired with inefficiencies, long wait times, crowded offices, exposure concerns, and questionable health outcomes, was ready for a paradigm change. After a thorough analysis of the telehealth marketplace, it was clear that current solutions fell short of meeting Tellihealth's vision.

Since its inception, Tellihealth has grown to serve thousands of medical practices, tens of thousands of providers, and hundreds of thousands of patients.

Across the Tellihealth clinical network, patients are experiencing remarkable health outcomes, and these system-wide efficiencies are resulting in substantial reductions in the overall cost of delivering care. Population health benefits of RPM are well documented, and with the new funding opportunities that came into effect for FQHCs and RHCs this year, there has never been a better time to evaluate whether this technology is a fit for your organization.

If you have further questions or comments, please connect with Daniel Gasparini, Tellihealth's Executive Vice President of FQHCs, RHCs and Value-Based Care at **dgasparini@accuhealth.tech**. To schedule a meeting with him, visit **meetings.hubspot.com/daniel-gasparini** or scan the QR code below:

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ACHIEVING MEASURABLE OUTCOMES

Tellihealth data proves that Remote Patient Monitoring keeps patients out of the hospital and recudes Medicare costs. Both short-term and sustained long-term improvements to **BLOOD PRESSURE, BLOOD GLUCOSE, AND WEIGHT.**

86
NET PROMOTER SCORE
The average NPS is 32.
Tellihealth is a leader in patient satisfaction.

80%
READMISSION REDUCTION
Patients marked as high risk get extra attention from clinical staff and minimize risk of hospital visits.

$231M+
COST OF CARE REDUCTION
High-touch care keeps the cost of care down and keeps patients out of the hospital.

-27 mg/dl
BLOOD GLUCOSE

-21 mmHg
SYSTOLIC BLOOD PRESSURE

-16 mmHg
DIASTOLIC BLOOD PRESSURE

-3 bpm
RESTING HEART RATE

-16 lbs
WEIGHT LOSS

80%
ADHERENCE RATE

20%
MEDICATION ADHERENCE INCREASE

95%
PATIENT SATISFACTION

RESOURCE CENTER

- Tellihealth
- CMS Final Rule 2024
- Telehealth Centers of Excellence
- Telehealth Announcements from HRSA - OAT *(Office for Advancement of Telehealth)*
- 3RNet - Rural Recruiting and Retention Network
- Rural Residency and Training Resources
- Federal Office of Rural Health Policy Updates
- CCHP National Telehealth Resource Center
- National Consortium of Telehealth Resource Centers
- OCHIN Epic Telehealth Vendor Selection Toolkit
- Medicare Learning Network March 2024 (RHCs)

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PRO FORMA – TELLIHEALTH G0511 PROGRAM

Maximum Tellihealth Billing Frequency (Patient on RPM + CCM/PCM Program)

	CPT/HCPCS Procedures	G0511 Equivalent Claims	Reimbursement ($72.98)	Accuhealth Cost ($45)	Revenue at 100%	Revenue at 80%
MONTH 1	99490/99425, 99453, 99454, 99457	4	$ 291.92	$ 180.00	$ 111.92	$ 53.54
MONTH 2+	99490, 99454, 99457	3	$ 218.94	$ 135.00	$ 83.94	$ 40.15

Maximum Tellihealth Billing Frequency (Patient on RPM Program)

	CPT/HCPCS Procedures	G0511 Equivalent Claims	Reimbursement ($72.98)	Accuhealth Cost ($45)	Revenue at 100%	Revenue at 80%
MONTH 1	99453, 99454, 99457	3	$ 218.94	$ 135.00	$ 83.94	$ 40.15
MONTH 2+	99454, 99457	2	$ 145.96	$ 90.00	$ 55.96	$ 26.77

For a custom patient eligibility consultation and pro-forma, please book time with:

BOOK A MEETING

Daniel Gasparini
EXECUTIVE VICE PRESIDENT
tellihealth