

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 01/01/2024¹. RPM has been increasingly adopted in the fee-for-service setting with claims volume surpassing \$105 million in 2021 alone², but due to the unique constraints of FQHCs and RHCs there have been barriers to adoption in the community health space.

This whitepaper is designed to serve as a toolkit for an FQHC or RHC administrative staff member to understand the nuances of deploying a claims-based RPM or Chronic Care Management (CCM) program centered around billing general care management code G0511. Our referenceable sources include CMS publications, Health Resources & Services Administration (HRSA) documentation, National Association of Community Health Centers (NACHC) resources and OCHIN Epic toolkits. Accuhealth is an industry leader in providing CCM and RPM services to FQHCs and RHCs. Client references are available upon request. Accuhealth hosts regular educational webinars pertaining to the best practices for deploying remote care programs. You can find the next FQHC/RHC webinar by visiting accuhealth.tech/fqhcwebinar, and get more information by scheduling a meeting at www.accuhealth.tech/fqhc-meeting.

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

Starting January 1, 2024, a transformative shift unfolded in the landscape of healthcare 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

FUNDING CHANGE #1:

Widened Scope of Services

Formerly, G0511 was a general care management code, created January 1, 2018. It is 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

The full-service clinical monitoring team at Accuhealth is able to fulfill the procedural codes **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

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 met⁶. This guidance has been validated directly to Accuhealth 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.

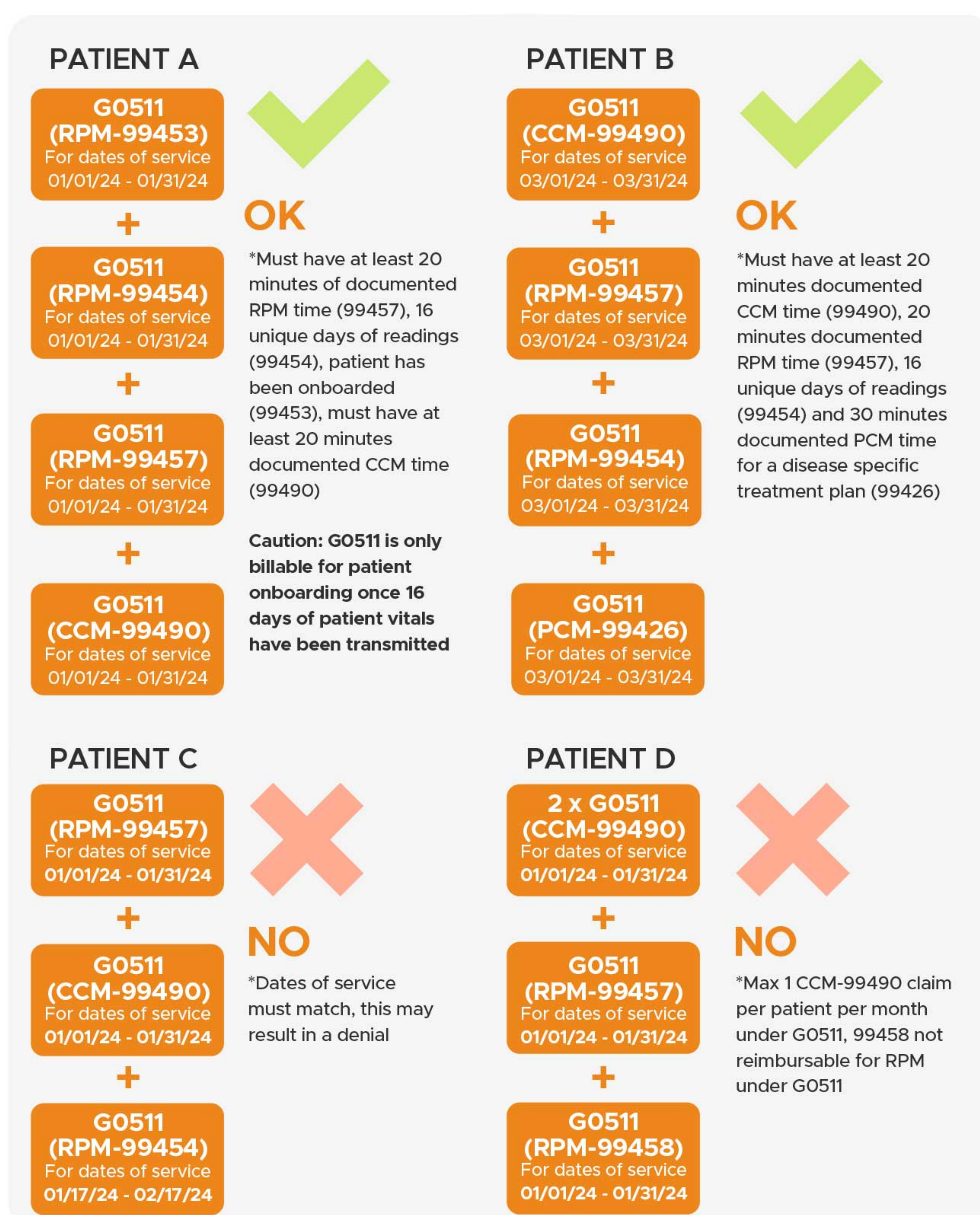
Accuhealth adheres to the most recent billing clarification provided by CMS and HRSA (March 2024). Given that Accuhealth is able to render services toward the highlighted HCPCS/CPT codes above (99490, 99453, 99454, 99457, 99426), the maximum number of G0511 claims that can be generated in a calendar month for a patient under our care is 4. Accuhealth performs clinical monitoring and patient interaction services past that point if necessary, but would stop creating G0511 claims. This is in the best interests of the patient, and would be rendered at Accuhealth’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 clear that G0511 is billed outside the FQHC or RHC normal per visit rate: “We have provided a separate payment to RHCs and FQHCs in addition 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

⁶Ibid, p781

⁷CMS Final Rule 2024 p762



FUNDING CHANGE #3:

Rate Change

Given the vast increase in the total billable amount per patient, 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

Accuhealth feels strongly that an “all-inclusive” 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 Accuhealth offers claims-based pricing, whereby we only charge FQHCs / RHCs based upon successful reimbursement.

Accuhealth Offering for FQHCs / RHCs - Implementation

Simple, Transparent Pricing

CLAIMS-BASED PRICING

G0511 CLAIM

REIMBURSEMENT: \$72.98
(MEDICARE)

Accuhealth Cost per Claim
Reimbursed: \$45

Check my eligibility:

accuhealth.tech/fqhc-meeting

- 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
- Accuhealth 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
- Accuhealth 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 services⁹.

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 qualify¹¹. 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. **Accuhealth removes the guesswork in the patient eligibility process by taking that on as a part of our onboarding. Accuhealth 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 Accuhealth 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, Accuhealth 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 Accuhealth ship devices to their homes. **Accuhealth can accommodate either strategy.**

⁸ National Association of Community Health Centers, Public Policy and Advocacy, 2024. February 2024 “Telehealth”

⁹ ibid

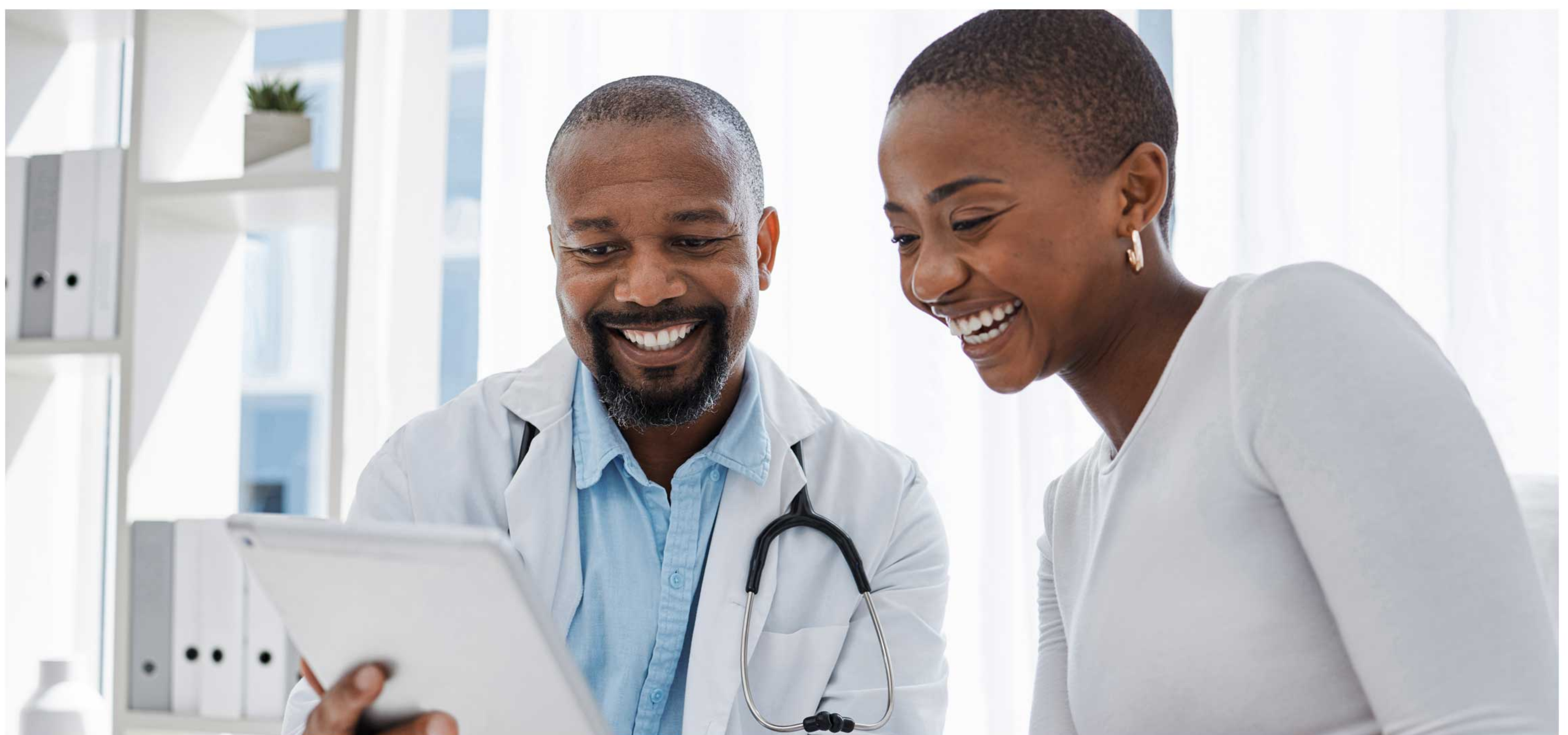
¹⁰ CMS Final Rule 2024 <https://public-inspection.federalregister.gov/2023-24184.pdf>

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 Accuhealth 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. **Accuhealth 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

Accuhealth 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 Accuhealth's vision.

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

Across the Accuhealth 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, Accuhealth's Executive Vice President of FQHCs, RHCs and Value-Based Care at dgasparini@accuhealth.tech. To schedule a meeting with him, visit www.accuhealth.tech/fqhc-meeting or scan the QR code below:



BOOK A MEETING

accuhealth.

ACHIEVING MEASURABLE OUTCOMES

Accuhealth 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. Accuhealth 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

- [Accuhealth](#)
- [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 \(RHCs\)](#)

PRO FORMA - ACCUHEALTH G0511 PROGRAM

Maximum Accuhealth 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 Accuhealth 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

accuhealth.

