

Medicare and Medicaid Reimbursement of Group Visits at Health Centers



What is a Group Visit?

Group visits occur when a provider meets with a group of patients, who generally share a condition, usually for a longer period than a traditional individual visit. In addition to providing patients with health education and peer support, group visits often also involve the same aspects as an individual patient visit, such as a physical exam. Group visits are used for a variety of conditions, such as prenatal care, asthma, depression and anxiety, obesity, well child, diabetes, pain management, nutrition, and substance use disorder recovery. Health centers, like other providers, use evidence-based practices to format their group visits, which vary based on condition, size of the group, duration of the visit, and how and when they conduct individual examinations (publicly or privately, before or during group sessions). While the specific curriculum and the providers delivering the group visit vary with the condition treated, one common feature is a question and answer portion to encourage patient education and peer support.

Studies have shown that groups visits are cost effective and efficient, contributing to increased self-management, improved health outcomes, decreased emergency department use and specialty visits, and increased patient and provider satisfaction.



Financially Sustaining Group Visits

Reimbursement plays a key role in helping health centers (also known as federally qualified health centers or “FQHCs” in **MEDICARE** and **MEDICAID**) to sustain the use of group visits. The type of reimbursement under Medicaid varies widely state by state, while Medicare does not allow for group visit reimbursement.

MEDICARE

In order to count as a qualifying visit under the Medicare FQHC Prospective Payment System (PPS), a visit must be a face-to-face visit with a qualifying provider (physician, physician assistant, nurse practitioner, certified nurse midwife, clinical psychologist, and licensed clinical social worker). Visits also include medical nutrition therapy and diabetes self-management training and qualified transitional care management services. In general, group visits or “shared medical appointments” are not considered a FQHC service and because of this, they are not eligible for Medicare reimbursement via the Medicare FQHC PPS rate.

MEDICAID

State Medicaid programs often cover group visits in certain situations, such as behavioral health or diabetes education, but

if, how, and under what parameters a health center can receive payment depends on the state. If a group visit is a covered service, state Medicaid programs most commonly approach FQHC reimbursement one of two ways:

- ☆ Reimbursable via Fee for Service: A FQHC can receive a set fee for each individual participating in the group visit as long as an individual examination has occurred.
- ☆ Reimbursable via FQHC PPS or APM: In some states, group visits are a defined service, and costs associated with the services are included in the FQHC Medicaid Prospective Payment System (PPS) or Alternative Payment Methodology (APM) bundled rate. In some states, a health center can bill the FQHC PPS or APM rate for each individual in the group visit as long as an individual examination has occurred while in others the state has created a specific FQHC APM for group visits.

Additionally, health centers in **Oregon** and **Washington** have partnered with their state Medicaid agencies to convert the FQHC encounter-based payment model to an equivalent per-member-per-month (PMPM) model based on historical patient utilization and attribution. The increased flexibility in the models has enabled health centers in those states to allow for a more transformative use of the medical home and leverage services like group visits to best meet the needs of their patients.

State Medicaid Agencies and Primary Care Associations can serve as helpful resources to better understand a specific state’s policy on reimbursement for these important visits.